PremiumPlus

2020 BENEFIT GUIDE

SEPTEMBER 2019

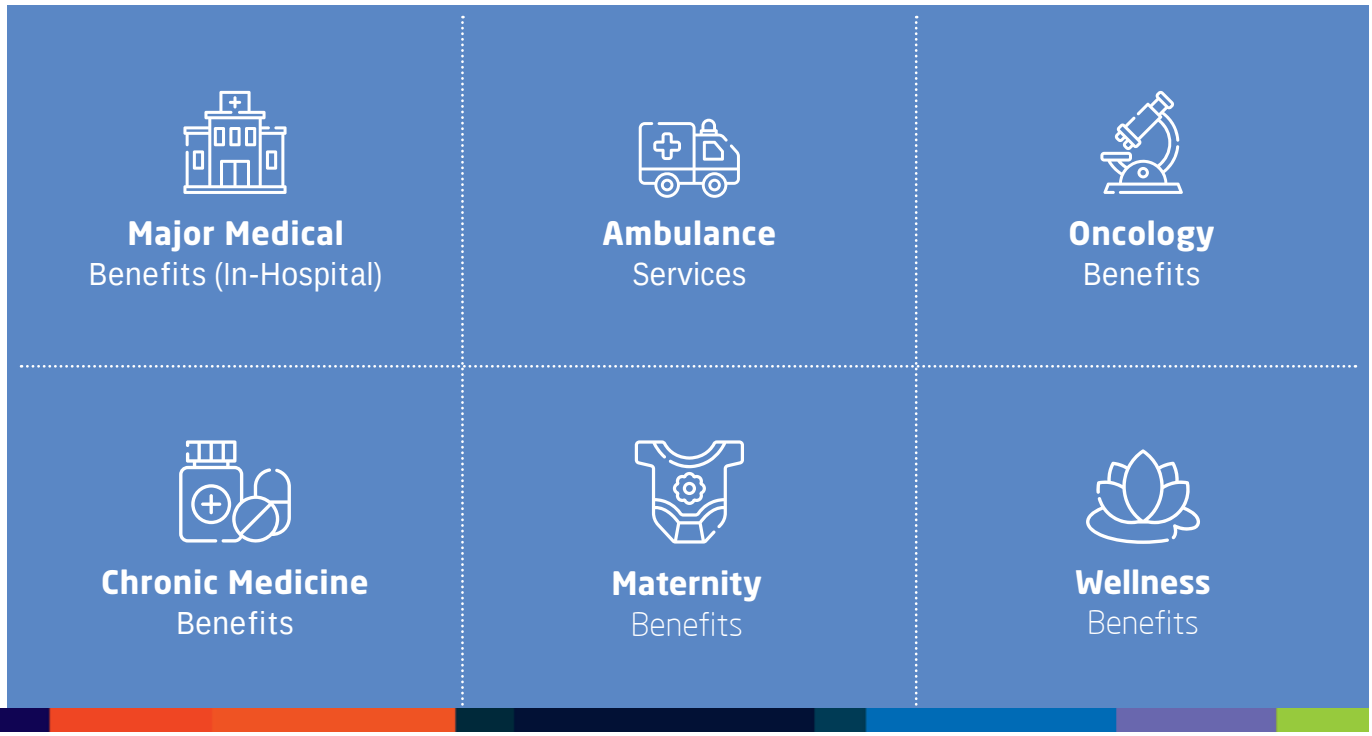
Benefit adjustments are pending CMS approval.

MEDSHIELD
medical scheme

PremiumPlus

PremiumPlus Contents

This is an overview of the benefits offered on the **PremiumPlus** option:



PremiumPlus Benefit Option

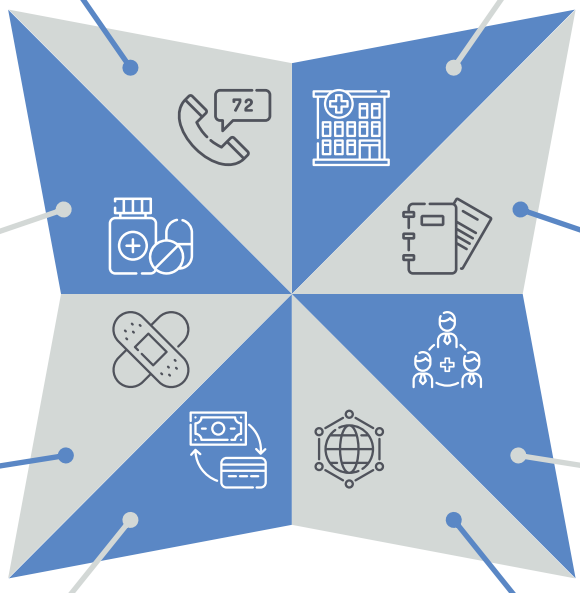
PremiumPlus provides families and professional individuals with unlimited In-Hospital cover with selected In-Hospital procedures paid at Medshield Private Tariff 200%, and the freedom to manage their daily healthcare expenses through a Personal Savings Account.

Information members should take note of:

Carefully read through this guide and use it as a reference for more information on what is covered on the **PremiumPlus** option, the benefit limits, and the rate at which the services will be covered:

Hospital Pre-auhorisation
You must pre-authorise 72 hours before admission by the relevant Managed Healthcare Programme.

Hospitalisation Cover
Cover for hospitalisation includes accommodation, theatre costs, hospital equipment, theatre and/or ward drugs, pharmaceuticals and/or surgical items.



Chronic Medicine Benefits
Registration and approval on the Chronic Medicine Management Programme is a pre-requisite to access this benefit.

Scheme Rules/Protocols
Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable.

Day-to-Day Benefits
Consist of a Personal Savings Account for Out-of-Hospital services, a Self-payment Gap Cover and Above Threshold Benefit will apply on specified benefits.

Designated Service Providers (DSPs)
The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.

Co-payments
Some procedures might attract co-payments – review the guide to obtain information on these services, or call the Medshield Contact Centre.

Networks
Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools eg website and Android or Apple apps, or from the Medshield Contact Centre.

Your claims will be covered as follows:

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare protocols.

Treatment and consultations will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Tariff.

Extended Benefit Cover (up to 200%) will apply to the following In-Hospital services (as part of an authorised event):

- Surgical Procedures
- Confinement
- Consultations and visits by Family Practitioners and Specialists
- Maxillo-facial Surgery
- Non-surgical Procedures and Tests

Medshield Private Tariff (up to 200%) will apply to the following services:

- Confinement by a registered Midwife
- Non-surgical Procedures (Refer to Addendum B for the list of services)
- Routine Diagnostic Endoscopic Procedures (Refer to Addendum B or a list of services)

ONLINE SERVICES

It has now become even easier to manage your healthcare! Access to real-time, online software applications allow members to access their medical aid information anywhere and at any time.

1. The Medshield Login Zone on www.medshield.co.za
2. The Medshield Apps: Medshield's Apple IOS app and Android app are available for download from the relevant app store
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131

Use these channels to view:

- Membership details through digital membership card
- Medical Aid Statements
- Track your claims through claims checker
- Hospital pre-authorisation
- Personalised communication
- Tax certificate
- Search for healthcare professionals

The application of co-payments

The following services will attract upfront co-payments:

Non-PMB PET and PET-CT scan	**10% upfront** co-payment
Non-PMB Internal Prosthesis and Devices	**25% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	**40% upfront** co-payment
Voluntarily obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-ICON provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	**40% upfront** co-payment
In-Hospital Procedural upfront co-payments	
Endoscopic procedures (refer to **Addendum B**)	**R1 000 upfront** co-payment
Functional Nasal surgery	**R1 000 upfront** co-payment
Laparoscopic procedures	**R2 000 upfront** co-payment
Arthroscopic procedures	**R2 000 upfront** co-payment
Wisdom Teeth	**R2 000 upfront** co-payment
Hernia Repair (except in infants)	**R3 000 upfront** co-payment
Back and Neck surgery	**R4 000 upfront** co-payment
Nissen Fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

GAP Cover

Gap Cover assists in paying for certain shortfalls not covered by the Scheme based on Scheme Rules.
Assistance is dependent on the type of Gap Cover chosen. Medshield members can access Gap Cover through their Brokers.

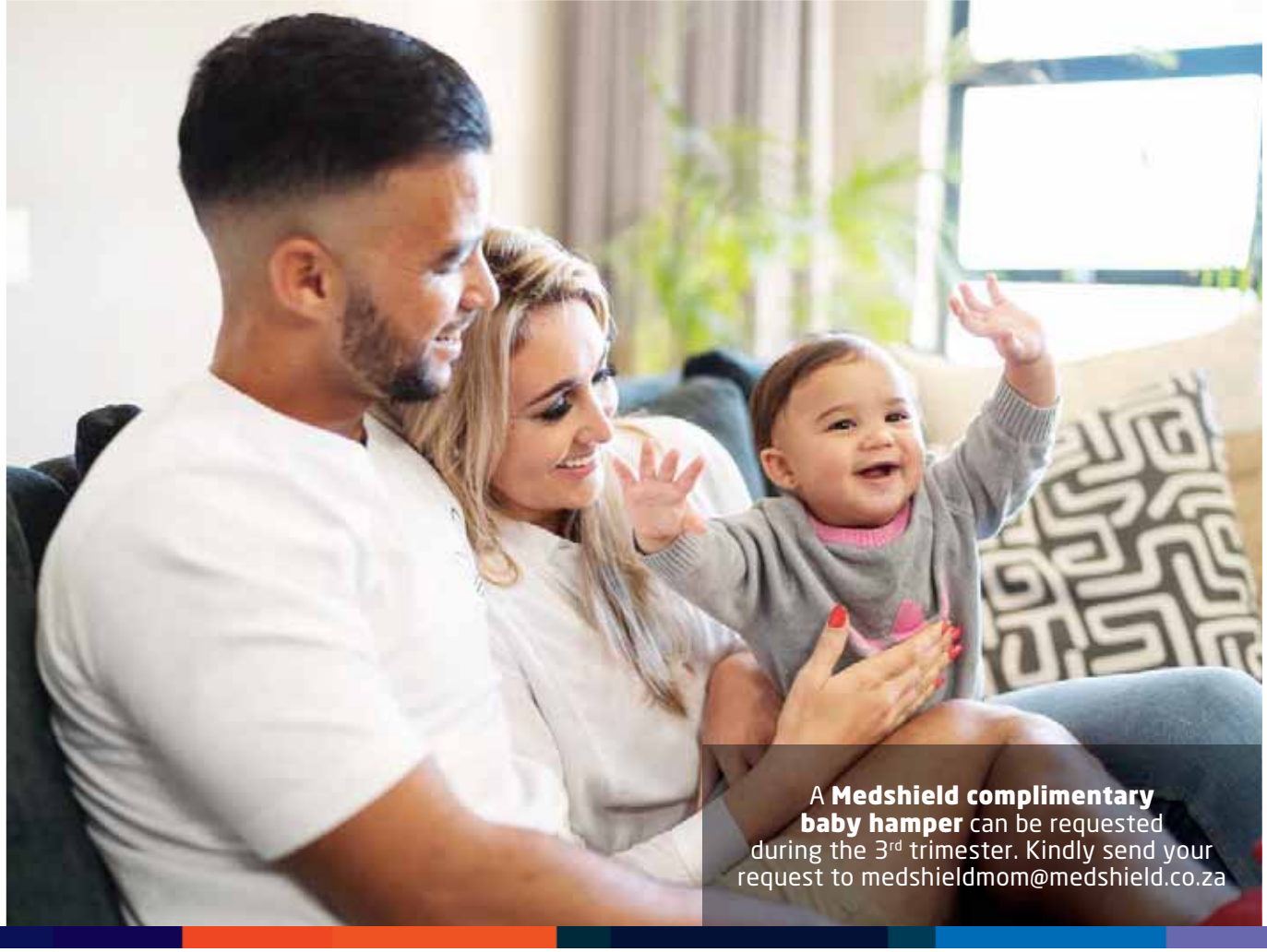
MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.**
EXTENDED BENEFIT COVER (up to 200%)	For specified services and procedures only where a beneficiary is hospitalised.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Clinical Protocols apply.**	**Unlimited.**
SURGICAL PROCEDURES As part of an authorised event.	**Unlimited.** **Extended Benefit Cover (up to 200%)**
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R750** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R126 000** per family per annum. **R35 200** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Hiring or buying of Appliances, External Accessories and Orthotics:** • **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required) • **Hearing Aids** (including repairs) • **Wheelchairs** (including repairs) • **Stoma Products and Incontinence Sheets related to Stoma Therapy** • • **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	**R5 950** per family per annum. **R750** per beneficiary per annum. Subject to Appliance Limit. Subject to Appliance Limit. Subject to Appliance Limit. Unlimited if pre-authorised, if not authorised then subject to Appliance Limit. Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS **(Including emergency transportation of blood)** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	**Unlimited.** **Extended Benefit Cover (up to 200%)**
REFRACTIVE SURGERY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply. **Includes the following:** • **Lasik** • **Radial Keratotomy** • **Phakic Lens Insertion** **Clinical Protocols apply.**	**R17 000** per family per annum. Including hospitalisation, if not authorised, payable from Personal Savings Account.
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **Diagnostic Polysomnograms** • **CPAP Titration** **Clinical Protocols apply.**	**Unlimited.** **Unlimited.**
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation and Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	**Unlimited.** Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.**	**Unlimited.**
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	**R2 500** per beneficiary per annum. Thereafter subject to Personal Savings Account.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	**R59 500** per family per annum. **25% upfront co-payment** for non-PMB. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Services must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701). Preferred Provider Network will apply. **Including Ocular Prosthesis.** **Clinical protocols apply.**	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited.**
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual Colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R25 200** per family per annum. Subject to Specialised Radiology Limit. **Unlimited.**
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following:** **Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	**Unlimited.** **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	**Unlimited.** **Extended Benefit Cover (up to 200%)**
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	**R52 500** per family per annum. **R14 000** per family per annum. Limited to and included in the Mental Health Limit. Subject to Mental Health Limit.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **Anti-retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment**.
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.
BREAST RECONSTRUCTION (following an Oncology event) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. **Post Mastectomy** (including all stages) **Clinical Protocols apply.**	**R80 000** per family per annum. **Extended Benefit Cover up to 200%** Co-payment and Prosthesis limit, as stated under Prosthesis, is not applicable for breast reconstruction.



MATERNITY Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	**12 Antenatal** consultations per pregnancy.
ANTENATAL CLASSES	**R500** per family.
PREGNANCY RELATED SCANS AND TESTS	**Limited to the following:** **Two** 2D Scans per pregnancy. **1 Amniocentesis** per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply.	
• **Confinement in hospital** • **Delivery by a Family Practitioner or Medical Specialist** • **Confinement in a registered birthing unit or Out-of-Hospital**	**Unlimited.** **Unlimited.** **Unlimited.** **Extended Benefit Cover (up to 200%)**
- Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.
- Delivery by a registered Midwife or a Practitioner	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.
- Hire of water bath and oxygen cylinder	**Unlimited.**
Clinical Protocols apply.	

ONCOLOGY Benefits

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).
You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	**Unlimited.**
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Enhanced** Protocols apply.
• **Oncology Medicine**	**R333 900** per family per annum. Subject to Oncology Limit. **ICON Enhanced** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.
• **PET and PET-CT**	**R21 200** per family per annum. Limited to **1 Scan** per family per annum. **10% upfront co-payment** for non-PMB.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**6 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation from the Oncology Managed Healthcare provider.	Subject to Oncology Medicine Limit.
• **Macular Degeneration** **Clinical Protocols apply.**	**R40 000** per family per annum. Subject to Oncology Limit.

CHRONIC MEDICINE Benefits

Covers expenses for specified chronic diseases which require ongoing, long-term or continuous medical treatment.

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**.

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Medication needs to be obtained from a Medshield Pharmacy Network Provider.

40% Upfront co-payment
will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Medication voluntarily obtained from a non-Medshield Pharmacy Network Provider.

This option covers medicine for all 26 PMB CDL's and an additional list of 44 conditions.

Re-imbursement at Maximum Generic Price
or Medicine Price List and Medicine Formularies.
Levies and co-payments to apply where relevant.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
• The use of a Medshield Pharmacy Network Provider is applicable from Rand one. • Supply of medication is limited to **one month** in advance.	**R14 000** per beneficiary per annum limited to **R28 000** per family per annum. Medicines will be approved in line with the Medshield **Formulary**, within and above limits.

DENTISTRY Benefits

Provides cover for Dental Services according to the Dental Managed Healthcare Programme and Protocols.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY • **In-Hospital** (only for beneficiaries under the age of 6 years old) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	**Unlimited**. **Medshield Private Rates (up to 200%)** applies to the Dentist account only when procedure is performed under concious sedation in the Practitioners' rooms.
• **Out-of-Hospital** According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Plastic Dentures subject to pre-authorisation. Failure to obtain an authorisation prior to treatment, will result in a **20% penalty**.	Subject to Personal Savings Account. Threshold and Above Threshold apply.
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	**R17 300** per family per annum.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth. Apicectomy only covered in the Practioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **Medshield Private Rates (up to 200%)** applies to the Dentist account only when procedure is performed under concious sedation in the Practitioners' rooms. **R2 000 upfront co-payment** applies if procedure is done in hospital.
• **Dental Implants** Includes all services related to Implants. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **Medshield Private Rates (up to 200%)** applies to the Dentist account only when procedure is performed under conscious sedation in the Practitioners' rooms.
• **Orthodontic Treatment** Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.
• **Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics** Consultations, Visits and Treatment for all such dentistry including the Technicians' Fees. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to Personal Savings Account. Threshold and Above Threshold apply.
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. The use of the Medshield Specialist Network may apply.	**R17 300** per family per annum. **Extended Benefit Cover (up to 200%)** only applicable to Maxillo-facial Surgery.

OUT-OF-HOSPITAL Benefits

Provides cover for Out-of-Hospital services such as Family Practitioner (FP) Consultations, Optical Services, Specialist Consultations and Acute Medication from your Day-to-Day Limit.

Your **PSA is 20% of your monthly contributions** and it is allocated annually in advance from January to December.

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare Protocols.

Treatment paid at 100% of the negotiated fee, or in the absence of such fee 100% of the cost or Scheme Tariff.

DAY-TO-DAY Benefits

PremiumPlus offers various Day-to-Day benefit categories including a PSA and an Above Threshold Benefit. The benefits can be used to pay claims such as Family Practitioner (FP) Consultations, Optical Services, Specialist Consultations, and Acute Medication.

Your Day-to-Day benefits are structured as follows:

BENEFIT COMPONENT	MEMBER	+ ADULT	+ CHILD
Annual Personal Savings Account (PSA)	R14 268	R13 080	R2 724
Threshold	R17 500	R16 100	R3 300*
Above Threshold Benefit (ATB)	R4 800	R3 500	R2 400*

Maximum Child Dependant Accumulation to the Threshold and Above Threshold Benefit Amount will be limited to three children

Benefit utilisation and how to access these Benefits

STEP 1 PERSONAL SAVINGS ACCOUNT (PSA)	• You will have access to your Personal Savings Account (PSA), which consists of 20% of your monthly contributions, allocated annually in advance (January to December) • Your PSA allocation is determined by your family size • Your PSA will be used to cover your Day-to-Day benefits • Once you and your dependant/s have exhausted your PSA, the Scheme has made an Above Threshold Benefit available that kicks in once you have reached the Threshold amount set by the Scheme
STEP 2 SELF-PAYMENT GAP (SPG)	• The Threshold amount is determined on an annual basis by the Scheme and some selected benefit categorie claims accumulate to the Threshold amount • In the event that your savings run out and you have not reached your Threshold amount, you will enter what is known as a Self-Payment Gap • Self-Payment Gap means you will be liable for payments of Day-to-Day medical expenses until you reach a threshold, meaning you will continue paying your claims from your pocket or your accumulated PSA up to the specified amount • Not all claims payable from your PSA or other Day-to-Day benefit categories accumulates to your threshold and Self-Payment Gap. Only claims marked on this brochure in accordance to Scheme rules will accumulate • The Self-Payment Gap will accumulate on Scheme tariff only • The Self-Payment Gap varies according to the family size, up to a pre-determined limit • You must continue to submit your claims even if you are in the Self-Payment Gap stage for your payments to reflect on the system in order for the accumulation to happen • Once you reach the Threshold amount you can then access to the Above Threshold Benefits
STEP 3 ABOVE THRESHOLD BENEFITS (ATB)	• Above Threshold Benefits is the next layer of benefits you can access once you reach your Threshold • The Scheme will pay for specified Day-to-Day medical expenses from the Above Threshold Benefit up to a pre-determined limit and not from Savings • All claims will be paid in accordance to the Scheme tariff • The Above Threshold Benefit limit also varies according to the family size • Once you have exhausted your Above Threshold Benefit and you have additional savings available, your claim will continue to be paid from Savings

Above Threshold Benefits (ATB) will be paid for the following benefits:

- Medical Specialist
- Family Practitioner (FP)
- Acute Medicines (excluding over the counter medicine)
- Basic Dentistry and Specialised Dentistry

DAY-TO-DAY Benefits

The following services are paid from your Day-to-Day Limit, unless a specific sub-limit is stated all services accumulate to the Overall Annual Limit.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - PRIVATE NURSE PRACTITIONERS Subject to the use of the SmartCare Nurse Network compulsory from Rand one	**Unlimited.**
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - NURSE-LED VIDEOMED GENERAL PRACTITIONERS (GP) Subject to the use of the SmartCare Videomed GP Network.	**1** per family subject to the Overall Annual Limit and thereafter subject to the Personal Savings Account.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Medshield Specialist Network may apply.	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
MEDICINES AND INJECTION MATERIAL	
• **Acute medicine** Medshield medicine pricing and formularies apply.	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
• **Pharmacy Advised Therapy (PAT)**	Limited to **R220** per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols.	Subject to Personal Savings Account.
• **Optometric refraction:** (eye test)	**1 test** per beneficiary per 24 month optical cycle limited to the Personal Savings Account.
• **Spectacles AND Contact Lenses:** Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses	Subject to Personal Savings Account.
• **Frames and/or Lens Enhancements:**	Subject to Personal Savings Account.
• **Readers:** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a Registered Pharmacy	**R160** per beneficiary per annum. Subject to Personal Savings Account.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to Personal Savings Account.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Personal Savings Account.
GENERAL RADIOLOGY Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Personal Savings Account. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	Limited and included in the Specialised Radiology Limit of **R25 200** per family per annum.
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply.	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
• **Non-Surgical Procedures**	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
• **Procedures and Tests in Practitioners' rooms**	**Unlimited.** **Medshield Private Rates (up to 200%)** **Refer to Addendum B** for a list of services.
• **Routine Diagnostic Endoscopic Procedures in Practitioners' rooms**	**Unlimited.** **Medshield Private Rates (up to 200%)** **Refer to the Addendum B** for the list of services.
MENTAL HEALTH Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	**R4 700** per family per annum. Limited to and included in the Mental Health Limit of **R52 500** per family.

DAY-TO-DAY Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
MIRENA DEVICE Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the **4 year** clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms. **On application only.**	**1 per female** beneficiary. Subject to Overall Annual Limit.
ADDITIONAL MEDICAL SERVICES Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners.	Subject to Personal Savings Account. Threshold Benefit applies.
ALTERNATIVE HEALTHCARE SERVICES Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.	Subject to Personal Savings Account.

WELLNESS Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures. At Medshield we encourage members to have the necessary tests done at least once a year.

Unless otherwise specified subject to Overall Annual Limit, thereafter subject to the Day-to-Day Limit, excluding consultations for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R95**.
Pap Smear	**1 per female** beneficiary.
Bone Density (for Osteoporosis and bone fragmentation)	**1 per beneficiary 50+ years** old **every 3 years**.
Health Risk Assessment (Pharmacy or FP)	**1 per beneficiary 18+ years** old per annum.
TB Test	**1 test** per beneficiary.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.
Mammogram (Breast Screening)	**1 per female** beneficiary **40+ years** old **every 2 years**.
Pneumococcal Vaccination	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R170**. Limited to the Scheme's Contraceptive formularies and protocols.
Adult Vaccination Including Travel Vaccinations	**R1 500** per family per annum.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary, **9-13 years old**, Subject to qualifying criteria.
Child Immunisations	Immunisation programme as per the Department of Health Protocol and specific age groups.

At Birth: Tuberculosis (BCG) and Polio OPV(0).

At 6 Weeks: Rotavirus RV(1), Polio OPV(1), Pneumococcal PVC (1), DTaP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.

At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.

At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-HBV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.

At 6 Months: Measles MV(1).

At 9 Months: Pneumococcal PVC (3), Chickenpox CP.

At 12 Months: Measles MV(2).

At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HBV (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.

At 6 Years: Tetanus and Diphtheria (Td).

At 12 Years: Tetanus and Diphtheria (Td).

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.
- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

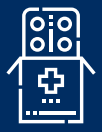
2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.



5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

The following tests are covered under the Health Risk Assessment

- Cholesterol
- Blood Glucose
- Blood Pressure
- Body Mass Index (BMI)

Child immunisation

Through the following providers:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- SmartCare Network

Health Risk Assessments

Can be obtained from:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- Medshield Corporate Wellness Days
- SmartCare Network

AMBULANCE Services

You and your registered dependants will have access to a 24 hour Helpline. Call the Ambulance and Emergency Services provider on 086 100 6337.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. **Clinical Protocols apply.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

Emergency medical response by road or air to scene of an emergency incident

Transfer from scene to the closest, most appropriate **facility for stabilisation and definitive care**

Medically justified transfers to special care centres or inter-facility transfers

MONTHLY Contributions

PREMIUMPLUS OPTION	PREMIUM	SAVINGS (INCLUDED IN PREMIUM)
Principal Member	**R5 943**	**R1 189**
Adult Dependant	**R5 448**	**R1 090**
Child*	**R1 137**	**R227**

**Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.*

PRESCRIBED Minimum Benefits (PMB)

All members of Medshield Medical Scheme are entitled to a range of guaranteed benefits; these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

PMBs are minimum benefits given to a member for a specific condition to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification of Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 2120 (+27 10 597 4701) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. **These are known as ambulatory PMB Care templates**.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Day-to-Day benefits at the same time.

DIRECTORY of Medshield PremiumPlus Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** pmbcaretemplates@medshield.co.za
Diabetes Management Programme	CDE	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the boarders of South Africa **Facsimile:** +27 10 597 4706 **email:** member@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside of the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

COMPLAINTS Escalation Process

In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.

In the event of a routine complaint, you may call Medshield at 086 000 2120 and request to speak to the respective Manager or the Operations Manager.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective Manager and Operations Manager. The complaint will be dealt with in line with our complaints escalation procedure in order to ensure fair and timeous resolution.

MEDSHIELD Banking Details

Bank: Nedbank | **Branch:** Rivonia | **Branch code:** 196905 | **Account number:** 1969125969

FRAUD

Fraud presents a significant risk to the Scheme and members. The dishonesty of a few individuals may negatively impact the Scheme and distort the principles and trust that exist between the Scheme and its stakeholders. Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the Scheme. Fraud prevention and control is the responsibility of all Medshield members and service providers so if you suspect someone of committing fraud, report it to us immediately.

Hotline: 0800 112 811
email: fraud@medshield.co.za

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:

Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

Breast fine needle biopsy	Prostate needle biopsy
Vasectomy	Circumcision
Excision Pterygium with or without graft	Excision wedge ingrown toenail skin of nail fold
Excision ganglion wrist	Drainage skin abscess/curbuncle/whitlow/cyst
Excision of non-malignant lesions less than 2cm	

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)

Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

EXCLUSIONS

Alternative Healthcare Practitioners

Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics

Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)(unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopeadic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products

Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely aneamic patients.

Dentistry

Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention

Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
Dental bleaching;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations

Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions

Root canal therapy on primary (milk) teeth;
Direct and indirect pulp capping procedures.

Plastic Dentures/Snoring Appliances/Mouth guards

Diagnostic dentures and the associated laboratory costs;
Snoring appliances and the associated laboratory costs;
The laboratory cost associated with mouth guards (The clinical fee will be covered at the Medshield Dental Tariff where managed care protocols apply);
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Partial Metal Frame Dentures

Metal base to full dentures, including the laboratory cost;
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Crown and Bridge

Crown and crown retainers on wisdom teeth (3rd molars);
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

Implants

Dolder bars and associated abutments on implants' including the laboratory cost;
Laboratory delivery fees.

Orthodontics

Orthodontic treatment for cosmetic reasons and associated laboratory costs;
Orthodontic treatment for a member or dependant younger than 9 and older than 18 years of age;
Orthodontic re-treatment and the associated laboratory costs;
Cost of invisible retainer material;
Laboratory delivery fees.

Periodontics

Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth for cosmetic reasons;

Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology

The auto-transplantation of teeth;

Sinus lift procedures;

The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);

Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)

Where the reason for admission to hospital is dental fear or anxiety;

Multiple hospital admissions;

Where the only reason for admission to hospital is to acquire a sterile facility;

The cost of dental materials for procedures performed under general anaesthesia.

The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;

Professional oral hygiene procedures;

Implantology and associated surgical procedures;

Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions

Special reports;

Dental testimony, including dentolegal fees;

Behaviour management;

Intramuscular and subcutaneous injections;

Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;

Appointments not kept;

Treatment plan completed (code 8120);

Electrognathographic recordings, pantographic recordings and other such electronic analyses;

Caries susceptibility and microbiological tests;

Pulp tests;

Cost of mineral trioxide;

Enamel microabrasion.

Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;

All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation

If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable

Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);

Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;

Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;

Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider.

Infertility

Medical and surgical treatment , which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M;

Vasovasostomy (reversal of vasectomy);

Salpingostomy (reversal of tubal ligation).

Maternity

3D and 4D scans (unless PMB level of care, then DSP applies);

Caesarean Section unless clinically appropriate;

Pregnancy in the first 12 months of membership unless declared and appropriately underwritten.

Medicine and Injection Material

Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);

Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;

Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);

Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;

Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;

The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:

Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);

Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);

Protein C inhibitors such as Xigris, for septic shock and septicaemia (unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;
Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;
Medicines defined as exclusions by the relevant Managed Healthcare Programme;
Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
Medicines not authorised by the relevant Managed Healthcare Programme;
Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
Slimming preparations for obesity;
Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:

- Infants and pregnant mothers;
- Malabsorption disorders;
- HIV positive patients registered on the relevant Managed Healthcare Programme.

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;
Diagnostic agents, unless authorised and PMB level of care;
Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
Erythropoietin, unless PMB level of care;
Medicines used specifically to treat alchohol and drug addiction.
Pre-authorisation required (unless PMB level of care, DSP applies);
Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
Nappies and waterproof underwear;
Oral contraception for skin conditions, parentaral and foams.

Mental Health

Sleep therapy, unless provided for in the relevant benefit option.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Opthalmology);
Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pairs (DTP) 277S and specific conditions pre-authorised by the relevant Managed Healthcare Programme and at a specific DSP.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;
Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;
Exclusions as per the Schemes Optical Management Programme.

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;
Allergy and Vitamin D testing in hospital;
Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;
Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Peripheral vascular stents, unless Prescribed Minimum Benefits level of care (DSP applies);
TAVI procedure - transcatheter aortic-valve implantation. The

procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);
Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);
Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the practitioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);
Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;
PET (Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);
Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;
CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);
MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols;

SmartCare Clinics - Private Nurse Practitioner

No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty.

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accomodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Telephone consultations;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

MEDSHIELD
medical scheme

Medshield Head Office

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MediBonus

2020 BENEFIT GUIDE

SEPTEMBER 2019

Benefit adjustments are pending CMS approval.

MEDSHIELD
medical scheme

MediBonus

MediBonus Contents

This is an overview of the benefits offered on the **MediBonus** option:

Major Medical
Benefits (In-Hospital)

Ambulance
Services

Oncology
Benefits

Chronic Medicine
Benefits

Maternity
Benefits

Wellness
Benefits

MediBonus Benefit Option

MediBonus provides families and professional individuals with unlimited In-Hospital cover with selected In-Hospital procedures paid at Medshield Private Tariff 200%, and the freedom to manage their daily healthcare expenses through a Day-to-Day Limit.

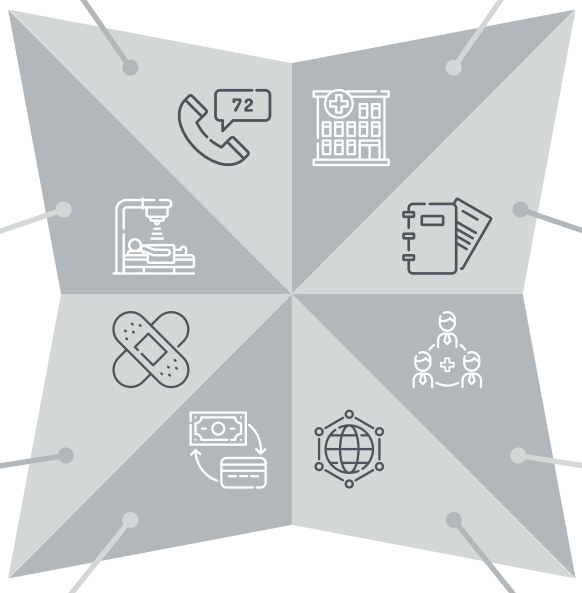
Information members should take note of:

Carefully read through this guide and use it as a reference for more information on what is covered on the **MediBonus** option, the benefit limits, and the rate at which the services will be covered:

Hospital Pre-auhorisation
You must pre-authorise 72 hours before admission by the relevant Managed Healthcare Programme

Hospitalisation Cover
Cover for hospitalisation includes accommodation, theatre costs, hospital equipment, theatre and/or ward drugs, pharmaceuticals and/or surgical items

Specialist Services Pre-authorisation
Services from treating/attending Specialists are subject to pre-authorization. The use of the Medshield Specialist Network may apply. If you do not obtain a pre-authorisation or retrospective authorisation in case of an emergency, you will incur a percentage penalty



Scheme Rules/Protocols
Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable

Day-to-Day Benefits
Is allocated according to your family size. Treatment is paid at 100% of the Scheme negotiated fee, or in the absence thereof, 100% of the cost or Scheme Tariff.

Designated Service Providers (DSPs)
The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.

Co-payments
Some procedures might attract co-payments – review the guide to obtain information on these services, or call the Medshield Contact Centre.

Networks
Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools eg website and Android or Apple apps, or from the Medshield Contact Centre

Your claims will be covered as follows:

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare protocols.

Treatment and consultations will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Tariff.

Extended Benefit Cover (up to 200%) will apply to the following In-Hospital services (as part of an authorised event):

- Surgical Procedures
- Confinement
- Consultations and visits by Family Practitioners and Specialists
- Maxillo-facial Surgery
- Non-surgical Procedures and Tests

Medshield Private Tariff (up to 200%) will apply to the following services:

- Confinement by a registered Midwife
- Non-surgical Procedures (Refer to Addendum B for the list of services)
- Routine Diagnostic Endoscopic Procedures (Refer to Addendum B for a list of services)

ONLINE SERVICES

It has now become even easier to manage your healthcare! Access to real-time, online software applications allow members to access their medical aid information anywhere and at any time.

1. The Medshield Login Zone on www.medshield.co.za
2. The Medshield Apps: Medshield's Apple IOS app and Android app are available for download from the relevant app store
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131

Use these channels to view

- Membership details through digital membership card
- Medical Aid Statements
- Track your claims through claims checker
- Hospital pre-authorisation
- Personalised communication
- Tax certificate
- Search for healthcare professionals

The application of co-payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology	**10% upfront** co-payment
Non-PMB Internal Prosthesis and Devices	**20% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	**40% upfront** co-payment
Voluntarily obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-ICON provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	**40% upfront** co-payment
In-Hospital Procedural upfront co-payments	
Endoscopic procedures (refer to **Addendum B**)	**R1 000 upfront** co-payment
Functional Nasal surgery	**R1 000 upfront** co-payment
Laparoscopic procedures	**R2 000 upfront** co-payment
Arthroscopic procedures	**R2 000 upfront** co-payment
Wisdom Teeth	**R2 000 upfront** co-payment
Hernia Repair (except in infants)	**R3 000 upfront** co-payment
Back and Neck surgery	**R4 000 upfront** co-payment
Nissen Fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

GAP COVER

Gap Cover assists in paying for certain shortfalls not covered by the Scheme based on Scheme Rules.
Assistance is dependent on the type of Gap Cover chosen. Medshield members can access Gap Cover through their Brokers.

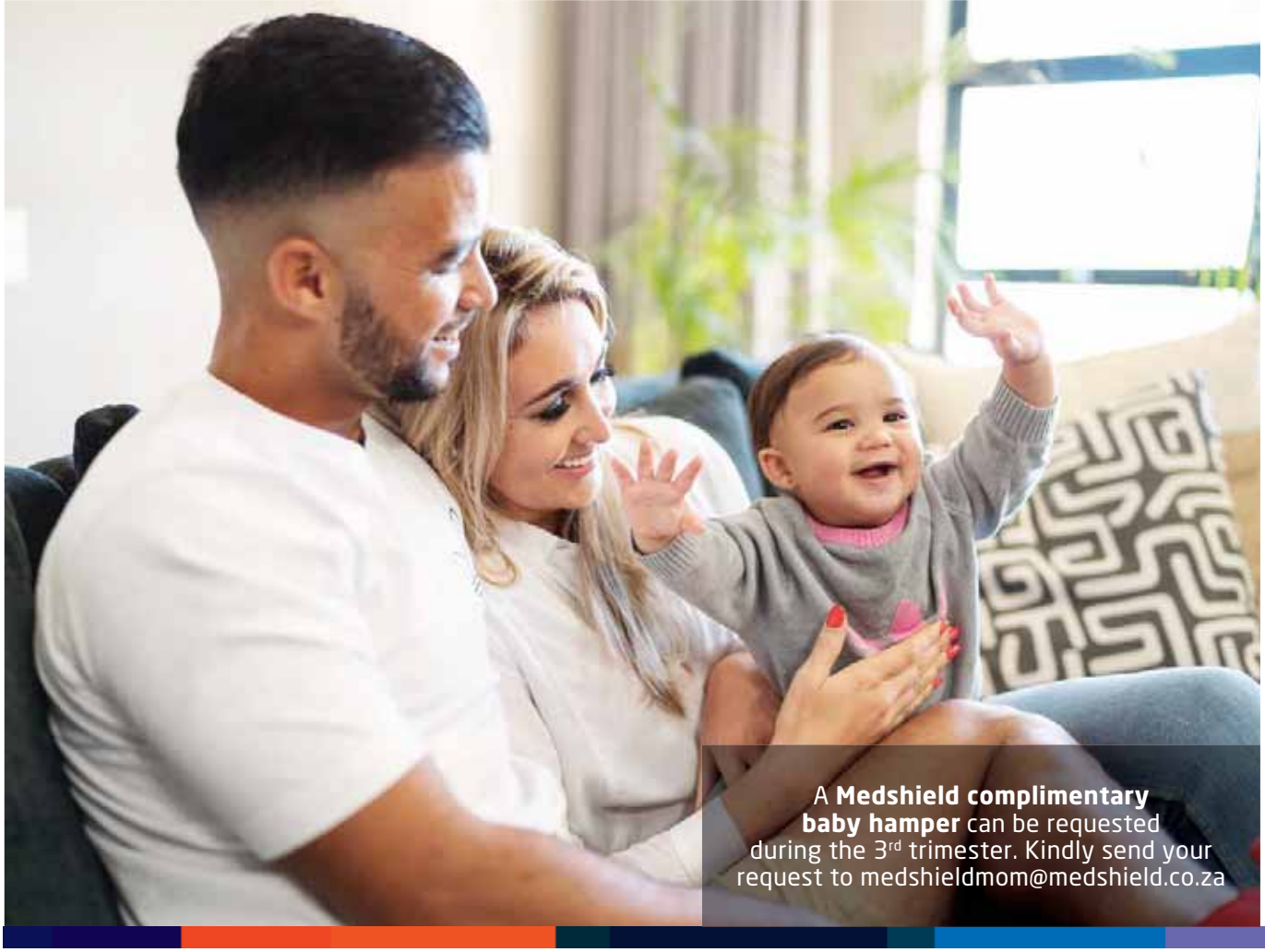
MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.**
EXTENDED BENEFIT COVER (up to 200%)	For specified services and procedures only where a beneficiary is hospitalised.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Clinical Protocols apply.**	**Unlimited.** Specialist services from treating/attending Specialists are subject to pre-authorisation.
SURGICAL PROCEDURES As part of an authorised event.	**Unlimited.** **Extended Benefit Cover (up to 200%)**
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the Hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R700** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R84 000** per family per annum. **R35 200** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Hiring or buying of Appliances, External Accessories and Orthotics:** • **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required) • **Hearing Aids** (including repairs) • **Wheelchairs** (including repairs) • **Stoma Products and Incontinence Sheets related to Stoma Therapy** • **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	**R13 400** per family per annum. **R750** per beneficiary per annum. Subject to Appliance Limit. Subject to Appliance Limit. Subject to Appliance Limit. Unlimited if pre-authorised. Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	**Unlimited.** **Extended Benefit Cover (up to 200%)**
REFRACTIVE SURGERY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply. **Includes the following:** • **Lasik** • **Radial Keratotomy** • **Phakic Lens Insertion** **Clinical Protocols apply.**	**R16 800** per family per annum. Including hospitalisation, if not authorised, payable from Day-to-Day Limit.
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **Diagnostic Polysomnograms** • **CPAP Titration** **Clinical Protocols apply.**	 **Unlimited.** **Unlimited.**
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	**Unlimited.** Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event and excludes allergy and vitamin D testing. **Clinical Protocols apply.**	**Unlimited.**
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	**R2 500** per beneficiary per annum. Thereafter subject to Day-to-Day Limits.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	**R45 200** per family per annum. **20% upfront co-payment** for non-PMB. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Services must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Including Ocular Prosthesis.** **Clinical Protocols apply.**	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited.**
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R21 000** per family per annum. **10% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. **Unlimited.**
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following:** **Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	**Unlimited.** **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	**Unlimited.** **Extended Benefit Cover (up to 200%)**
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	**R38 900** per family per annum. DSP applicable from Rand one for PMB and non-PMB admissions. Subject to Mental Health Limit. Subject to Mental Health Limit. Subject to Mental Health Limit.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **Anti-retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.
BREAST RECONSTRUCTION (following an Oncology event) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. **Post Mastectomy** (including all stages) **Clinical Protocols apply.**	**R80 000** per family per annum. **Extended Benefit Cover (up to 200%)** Co-payments and prosthesis limit as stated under Prosthesis is not applicable to Breast Reconstruction.



MATERNITY Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	**12 Antenatal** consultations per pregnancy.
ANTENATAL CLASSES	**R500** per family.
PREGNANCY RELATED SCANS AND TESTS	**Limited to the following:** **Two** 2D Scans per pregnancy. **1 Amniocentesis** per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply.	
• **Confinement in hospital** • **Delivery by a Family Practitioner or Medical Specialist** • **Confinement in a registered birthing unit or out of hospital**	**Unlimited.** **Unlimited.** **Unlimited.** **Extended Benefit Cover (up to 200%)**
- Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.
- Delivery by a registered Midwife or a practitioner	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.
- Hire of water bath and oxygen cylinder	**Unlimited.**
Clinical Protocols apply.	

ONCOLOGY Benefits

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).
You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	**R470 000** per family per annum.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Enhanced** Protocols apply.
• **Oncology Medicine**	Subject to Oncology Limit. **ICON Enhanced** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.
• **PET and PET-CT** Limited to **1 Scan** per family per annum.	Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**6 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation.	**R190 000** per family per annum. Subject to Oncology Limit.
• **Macular Degeneration** **Clinical Protocols apply.**	**R40 000** per family per annum. Subject to Oncology Limit.

CHRONIC MEDICINE Benefits

Covers expenses for specified chronic diseases which require ongoing, long-term or continuous medical treatment.

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**.

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Medication needs to be obtained from a Medshield Pharmacy Network Provider.

40% Upfront co-payment
will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Medication voluntarily obtained from a non-Medshield Pharmacy Network Provider.

This option covers medicine for all 26 PMB CDL's and an additional list of 44 conditions.

Re-imbursement at Maximum Generic Price
or Medicine Price List and Medicine Formularies.
Levies and co-payments to apply where relevant.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
• The use of a Medshield Pharmacy Network Provider is applicable from Rand one. • Supply of medication is limited to **one month** in advance.	**R14 000** per beneficiary per annum limited to **R28 000** per family per annum. Medicines will be approved in line with the Medshield **Formulary**, within and above limits.

DENTISTRY Benefits

Provides cover for Dental Services according to the Dental Managed Healthcare Programme and Protocols.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY • **In-Hospital** (only for beneficiaries under the age of 6 years old) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	**Unlimited**.
• **Out-of-Hospital** According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Plastic Dentures subject to pre-authorisation. Failure to obtain an authorisation prior to treatment, will result in a **20% penalty**.	**Unlimited**.
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	**R16 800** per family per annum.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth. Apicectomy only covered in the Practitioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **R2 000 upfront** co-payment applies if procedure is done In-Hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.
• **Dental Implants** Includes all services related to Implants. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.
• **Orthodontic Treatment** Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.
• **Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics** Consultations, Visits and Treatment for all such dentistry including the Technicians' Fees. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. The use of the Medshield Specialist Network may apply.	**R17 700** per family per annum. **Extended Benefit Cover (up to 200%)** only applicable to Maxillo-facial Surgery.

OUT-OF-HOSPITAL Benefits

Provides cover for Out-of-Hospital services such as Family Practitioner (FP) Consultations, Optical Services, Specialist Consultations and Acute Medication from your Day-to-Day Limit.

Your **Day-to-Day Limit** is allocated according to your family size.

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare Protocols.

Treatment paid at 100% of the negotiated fee, or in the absence of such fee 100% of the cost or Scheme Tariff.

DAY-TO-DAY Benefits

The following services are paid from your Day-to-Day Limit, unless a specific sub-limit is stated all services accumulate to the Overall Annual Limit.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
DAY-TO-DAY LIMIT	**Limited to the following:** **M = R10 900** **M+1 = R15 280** **M+2 = R16 950** **M+3 = R18 700** **M4+ = R20 200**
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - PRIVATE NURSE PRACTITIONERS The use of the SmartCare Network compulsory from Rand one.	Unlimited.
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - NURSE-LED VIDEOMED GENERAL PRACTITIONERS (GP) Subject to the use of the SmartCare Videomed GP Network.	**1 visit** per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS	Subject to Day-to-Day Limit.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS Casualty/Emergency visits. The use of the Medshield Specialist Network may apply.	Subject to Day-to-Day Limit.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL	
• **Acute medicine** Medshield Medicine Pricing and Formularies apply.	Subject to Day-to-Day Limit.
• **Pharmacy Advised Therapy (PAT)**	Subject to Day-to-Day Limit. Limited to **R220** per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols.	**1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by a Optical Service Date Cycle. Starting 1 January 2019. Subject to Overall Annual Limit.
• **Optometric refraction** (eye test)	**1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit
• **Spectacles OR Contact Lenses:** Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses	Subject to Optical Limit.
• **Frames and/or Lens Enhancements:**	**R950** per beneficiary limited to and included in the Optical Limit.
• **Readers:** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a registered Pharmacy	**R160** per beneficiary per annum. Subject to Overall Annual Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Day-to-Day Limit.
GENERAL RADIOLOGY Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)	Limited to and included in Specialised Radiology Limit of **R21 000** per family per annum. **10% upfront co-payment** for non-PMB.

The following tests are covered under the Health Risk Assessment

- Cholesterol
- Blood Glucose
- Blood Pressure
- Body Mass Index (BMI)

Child immunisation

Through the following providers:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- SmartCare Network

Health Risk Assessments

Can be obtained from:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- Medshield Corporate Wellness Days
- SmartCare Network

DAY-TO-DAY Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply.	Subject to Day-to-Day Limit.
• **Non-Surgical Procedures**	Subject to Day-to-Day Limit.
• **Procedures and Tests in Practitioners' rooms**	**Unlimited.** **Medshield Private Rates (up to 200%)** **Refer to Addendum B** for a list of services.
• **Routine diagnostic Endoscopic Procedures in Practitioners' rooms**	**Unlimited.** **Medshield Private Rates (up to 200%)** **Refer to the Addendum B** for the list of services.
MENTAL HEALTH Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	Limited to and included in the Mental Health Limit of **R38 900** per family per annum.
MIRENA DEVICE Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the **4 year** clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms. **On application only.**	**1 per female** beneficiary. Subject to Overall Annual Limit.
ADDITIONAL MEDICAL SERVICES Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners.	Subject to Day-to-Day Limit.
ALTERNATIVE HEALTHCARE SERVICES Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.	Subject to Day-to-Day Limit.

WELLNESS Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures. At Medshield we encourage members to have the necessary tests done at least once a year.

Unless otherwise specified subject to Overall Annual Limit, thereafter subject to the Day-to-Day Limit, excluding consultations for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R95**.
Pap Smear	**1 per female** beneficiary.
Bone Density (for Osteoporosis and bone fragmentation)	**1 per beneficiary 50+ years** old **every 3 years**.
Health Risk Assessment (Pharmacy or FP)	**1 per beneficiary 18+ years** old per annum.
TB Test	**1 test** per beneficiary.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.
Mammogram (Breast Screening)	**1 per female** beneficiary **40+ years** old **every 2 years**.
Pneumococcal Vaccination	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R170**. Limited to the Scheme's Contraceptive formularies and protocols.
Adult Vaccination **Including Travel Vaccinations**	**R1 500** per family per annum.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary, **9 -13 years old**. Subject to qualifying criteria.
Child Immunisations	Immunisation programme as per the Department of Health Protocol and specific age groups.

WELLNESS Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
At Birth: Tuberculosis (BCG) and Polio OPV(0).	
At 6 Weeks: Rotavirus RV(1), Polio OPV(1), Pneumococcal PVC (1), DTaP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-HBV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 6 Months: Measles MV(1).	
At 9 Months: Pneumococcal PVC (3), Chickenpox CP.	
At 12 Months: Measles MV(2).	
At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HBV (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 6 Years: Tetanus and Diphtheria (Td).	
At 12 Years: Tetanus and Diphtheria (Td).	

AMBULANCE Services

You and your registered dependants will have access to a 24 hour Helpline. Call the Ambulance and Emergency Services provider on 086 100 6337.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. **Clinical Protocols apply.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

Emergency medical response by road or air to scene of an emergency incident

Transfer from scene to the closest, most appropriate **facility for stabilisation and definitive care**

Medically justified transfers to special care centres or inter-facility transfers

MONTHLY Contributions

MEDIBONUS OPTION	PREMIUM
Principal Member	**R5 805**
Adult Dependant	**R4 080**
Child*	**R1 209**

**Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students*

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.
- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

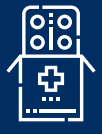
2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.



5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

PRESCRIBED Minimum Benefits (PMB)

All members of Medshield Medical Scheme are entitled to a range of guaranteed benefits; these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

PMBs are minimum benefits given to a member for a specific condition to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification **of** Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 2120 (+27 10 597 4701) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. **These are known as ambulatory PMB Care templates**.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Day-to-Day benefits at the same time.

DIRECTORY of Medshield MediBonus Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** pmbcaretemplates@medshield.co.za
Diabetes Management Programme	CDE	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the boarders of South Africa **Facsimile:** +27 10 597 4706 **email:** member@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside of the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

COMPLAINTS Escalation Process

In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.

In the event of a routine complaint, you may call Medshield at 086 000 2120 and request to speak to the respective Manager or the Operations Manager.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective Manager and Operations Manager. The complaint will be dealt with in line with our complaints escalation procedure in order to ensure fair and timeous resolution.

MEDSHIELD Banking Details

Bank: Nedbank | **Branch:** Rivonia | **Branch code:** 196905 | **Account number:** 1969125969

FRAUD

Fraud presents a significant risk to the Scheme and members. The dishonesty of a few individuals may negatively impact the Scheme and distort the principles and trust that exist between the Scheme and its stakeholders. Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the Scheme. Fraud prevention and control is the responsibility of all Medshield members and service providers so if you suspect someone of committing fraud, report it to us immediately.

Hotline: 0800 112 811
email: fraud@medshield.co.za

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:

Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

Breast fine needle biopsy	Prostate needle biopsy
Vasectomy	Circumcision
Excision Pterygium with or without graft	Excision wedge ingrown toenail skin of nail fold
Excision ganglion wrist	Drainage skin abscess/curbuncle/whitlow/cyst
Excision of non-malignant lesions less than 2cm	

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)

Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

EXCLUSIONS

Alternative Healthcare Practitioners
Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics
Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)(unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopeadic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products
Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely aneamic patients.

Dentistry
Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention
Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
Dental bleaching;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations
Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions
Root canal therapy on primary (milk) teeth;
Direct and indirect pulp capping procedures.

Plastic Dentures/Snoring Appliances/Mouth guards
Diagnostic dentures and the associated laboratory costs;
Snoring appliances and the associated laboratory costs;
The laboratory cost associated with mouth guards (The clinical fee will be covered at the Medshield Dental Tariff where managed care protocols apply);
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Partial Metal Frame Dentures
Metal base to full dentures, including the laboratory cost;
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Crown and Bridge
Crown and crown retainers on wisdom teeth (3rd molars);
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

Implants
Dolder bars and associated abutments on implants' including the laboratory cost;
Laboratory delivery fees.

Orthodontics
Orthodontic treatment for cosmetic reasons and associated laboratory costs;
Orthodontic treatment for a member or dependant younger than 9 and older than 18 years of age;
Orthodontic re-treatment and the associated laboratory costs;
Cost of invisible retainer material;
Laboratory delivery fees.

Periodontics
Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth for cosmetic reasons;
Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology
The auto-transplantation of teeth;
Sinus lift procedures;
The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);
Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)
Where the reason for admission to hospital is dental fear or anxiety;
Multiple hospital admissions;
Where the only reason for admission to hospital is to acquire a sterile facility;
The cost of dental materials for procedures performed under general anaesthesia.
The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;
Professional oral hygiene procedures;
Implantology and associated surgical procedures;
Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions
Special reports;
Dental testimony, including dentolegal fees;
Behaviour management;
Intramuscular and subcutaneous injections;
Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
Appointments not kept;
Treatment plan completed (code 8120);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation
If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable
Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);
Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;
Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;
Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider.

Infertility
Medical and surgical treatment , which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M;
Vasovasostomy (reversal of vasectomy);
Salpingostomy (reversal of tubal ligation).

Maternity
3D and 4D scans (unless PMB level of care, then DSP applies);
Caesarean Section unless clinically appropriate;
Pregnancy in the first 12 months of membership unless declared and appropriately underwritten.

Medicine and Injection Material
Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;
Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;
Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;
The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:
Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);
Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);

Protein C inhibitors such as Xigris, for septic shock and septicaemia (unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;
Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;
Medicines defined as exclusions by the relevant Managed Healthcare Programme;
Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
Medicines not authorised by the relevant Managed Healthcare Programme;
Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
Slimming preparations for obesity;
Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:

- Infants and pregnant mothers;
- Malabsorption disorders;
- HIV positive patients registered on the relevant Managed Healthcare Programme.

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;
Diagnostic agents, unless authorised and PMB level of care;
Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
Erythropoietin, unless PMB level of care;
Medicines used specifically to treat alchohol and drug addiction.
Pre-authorisation required (unless PMB level of care, DSP applies);
Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
Nappies and waterproof underwear;
Oral contraception for skin conditions, parentaral and foams.

Mental Health

Sleep therapy, unless provided for in the relevant benefit option.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Opthalmology);
Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pairs (DTP) 277S and specific conditions pre-authorised by the relevant Managed Healthcare Programme and at a specific DSP.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;
Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;
Exclusions as per the Schemes Optical Management Programme.

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;
Allergy and Vitamin D testing in hospital;
Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;
Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Peripheral vascular stents, unless Prescribed Minimum Benefits level of care (DSP applies);
TAVI procedure - transcatheter aortic-valve implantation. The

procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);
Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);
Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the practitioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);
Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;
PET (Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);
Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;
CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);
MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols;

SmartCare Clinics - Private Nurse Practitioner

No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty.

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accomodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Telephone consultations;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

MEDSHIELD
medical scheme

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MediSaver

2020 BENEFIT GUIDE

SEPTEMBER 2019

Benefit adjustments are pending CMS approval.

MEDSHIELD
medical scheme

MediSaver

MediSaver Contents

This is an overview of the benefits offered on the **MediSaver** option:

Major Medical
Benefits (In-Hospital)

Ambulance
Services

Oncology
Benefits

Chronic Medicine
Benefits

Maternity
Benefits

Wellness
Benefits

MediSaver Benefit Option

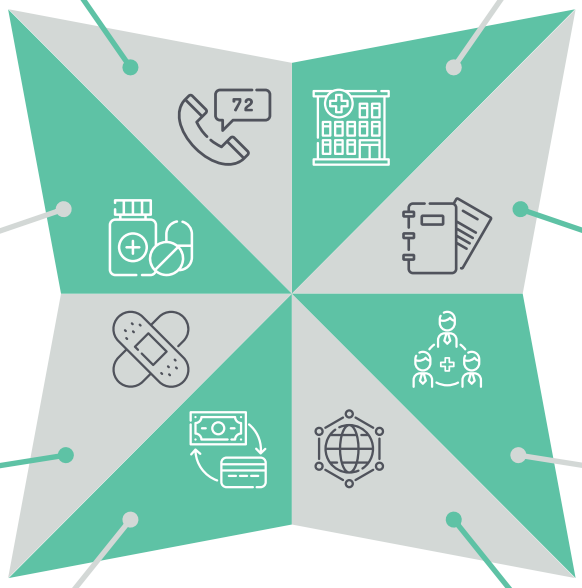
Perfect for independent individuals who wants to manage their own healthcare expenses, and are thinking about expanding your family. **MediSaver** offers unlimited In-Hospital cover through the Compact Hospital Network whilst members manage their own Out-of-Hospital medical requirements through a Personal Savings Account. As an added benefit, the **MediSaver** option offers an Out-of-Hospital maternity package.

Information members should take note of:

Carefully read through this guide and use it as a reference for more information on what is covered on the **MediSaver** option, the benefit limits, and the rate at which the services will be covered:

Hospital Pre-auhorisation
You must pre-authorise 72 hours before admission by the relevant Managed Healthcare Programme.

Hospitalisation Cover
Cover for hospitalisation includes accommodation, theatre costs, hospital equipment, theatre and/or ward drugs, pharmaceuticals and/or surgical items.



Chronic Medicine Benefits
Registration and approval on the Chronic Medicine Management Programme is a pre-requisite to access this benefit.

Scheme Rules/Protocols
Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied.

Day-to-Day Benefits
Consist of a Personal Savings Account for Out-of-Hospital services and is allocated six months in advance.

Designated Service Providers (DSPs)
The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.

Co-payments
Some procedures might attract co-payments – review the guide to obtain information on these services, or call the Medshield Contact Centre.

Networks
Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools eg website and Android or Apple apps, or from the Medshield Contact Centre.

Your claims will be covered as follows:

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare protocols.

Treatment and consultations will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Tariff.

Medshield Private Tariff (up to 200%) will apply to the following services:

- Confinement by a registered Midwife

ONLINE SERVICES

It has now become even easier to manage your healthcare! Access to real-time, online software applications allow members to access their medical aid information anywhere and at any time.

1. The Medshield Login Zone on www.medshield.co.za
2. The Medshield Apps: Medshield's Apple IOS app and Android app are available for download from the relevant app store
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131

Use these channels to view

- Membership details through digital membership card
- Medical Aid Statements
- Track your claims through claims checker
- Hospital pre-authorisation
- Personalised communication
- Tax certificate
- Search for healthcare professionals

The application of co-payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology including PET and PET-CT scan	**10% upfront** co-payment
Specialised Drugs for Oncology, non-Oncology and Biological Drugs	**20% upfront** co-payment
Non-PMB Internal Prosthesis and Devices	**25% upfront** co-payment
Voluntary use of a non-Compact Network Hospital	**25% upfront** co-payment
Voluntary use of a non-Compact Network Hospital - Mental Health	**25% upfront** co-payment
Voluntary use of a non-Compact Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	**25% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	**40% upfront** co-payment
Voluntarily obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-ICON provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	**40% upfront** co-payment

In-Hospital Procedural upfront co-payments	
Endoscopic procedures (refer to **Addendum B**)	**R1 500 upfront** co-payment
Hernia Repair (except in infants)	**R3 000 upfront** co-payment
Laparoscopic procedures	**R3 500 upfront** co-payment
Arthroscopic procedures	**R3 500 upfront** co-payment
Wisdom Teeth	**R3 500 upfront** co-payment
Nissen Fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment
Functional Nasal surgery	**R5 000 upfront** co-payment
Back and Neck surgery	**R7 000 upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addiiton to the above co-payments.

GAP Cover

Gap Cover assists in paying for certain shortfalls not covered by the Scheme based on Scheme Rules.
Assistance is dependent on the type of Gap Cover chosen. Medshield members can access Gap Cover through their Brokers.

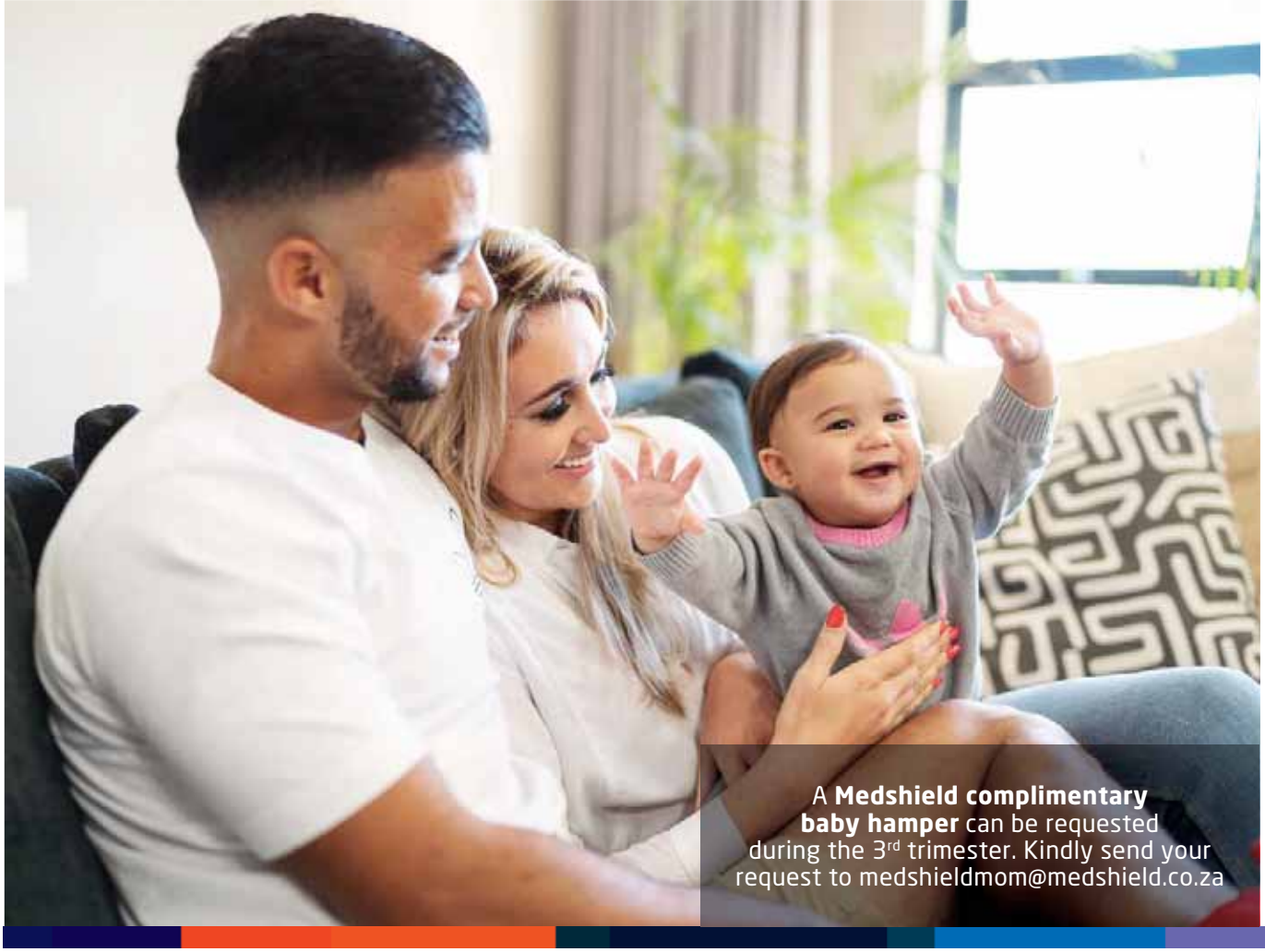
MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.**
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. **Clinical Protocols apply.**	**Unlimited.** Specialist services from treating/attending Specialists are subject to pre-authorisation.
SURGICAL PROCEDURES As part of an authorised event.	**Unlimited.**
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R600** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. **Includes the following:** • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R63 000** per family per annum. **R35 000** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Hiring or buying of Appliances, External Accessories and Orthotics:** • **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required) • **Hearing Aids** (including repairs) • **Wheelchairs** (including repairs) • **Stoma Products and Incontinence Sheets related to Stoma Therapy** • **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	**R9 300** per family per annum. **R750** per beneficiary per annum. Subject to Appliance Limit. Subject to Appliance Limit. Subject to Appliance Limit. Unlimited if pre-authorised. Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	**Unlimited.**
REFRACTIVE SURGERY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. The use of the Medshield Specialist Network may apply. **Includes the following:** • **Lasik** • **Radial Keratotomy** • **Phakic Lens Insertion** **Clinical Protocols apply.**	**R8 800** per family per annum. Including hospitalisation, if not authorised, payable from Personal Savings Account.
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. **Includes the following:** • **Diagnostic Polysomnograms** • **CPAP Titration** **Clinical Protocols apply.**	**Unlimited.** **Unlimited.**
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	**R250 000** per family per annum. **25% upfront co-payment** for the use of a non-Compact Network Hospital. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.**	**Unlimited.**
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	**R2 500** per beneficiary per annum. Thereafter subject to Personal Savings Account.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	**R41 700** per family per annum. **25% upfront co-payment** for non-PMB. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Including Ocular Prosthesis.** **Clinical Protocols apply.**	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited.**
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R18 600** per family per annum. **10% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. No co-payment applies to the CT Colonography. **Unlimited.**
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following:** **Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	**R250 000** per family per annum. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	**Unlimited.**
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	**R39 300** per family per annum. **25% upfront co-payment** for the use of a non-Compact Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions. **R14 100** per family per annum. Limited to and included in the Mental Health Limit. Subject to Mental Health Limit.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **Anti-retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.
BREAST RECONSTRUCTION (following an Oncology event) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. **Post Mastectomy** (including all stages) **Clinical Protocols apply.**	**R80 000** per family per annum. Co-payment and Prosthesis limit as stated under Prosthesis is not applicable for the Breast Prosthesis.



MATERNITY Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	**12 Antenatal** consultations per pregnancy.
ANTENATAL CLASSES	**R500** per family.
PREGNANCY RELATED SCANS AND TESTS	**Limited to the following:** **Two** 2D Scans per pregnancy. **1 Amniocentesis** per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network.The use of the Medshield Specialist Network may apply.	
• **Confinement in hospital** • **Delivery by a Family Practitioner or Medical Specialist** • **Confinement in a registered birthing unit or out of hospital**	**Unlimited.** **Unlimited.** **Unlimited.**
- Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.
- Delivery by a registered Midwife or a Practitioner	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.
- Hire of water bath and oxygen cylinder **Clinical Protocols apply.**	**Unlimited.**

ONCOLOGY Benefits

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).
You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	**R315 000** per family per annum.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Oncology Medicine**	**R210 000** per family per annum. Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.
• **PET and PET-CT** Limited to **1 Scan** per family per annum.	**R20 000** per family per annum. Subject to Oncology Limit. **10% upfront co-payment** for non-PMB.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**6 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation on 086 000 2121 or (+27 11 671 2011).	Subject to Oncology Medicine Limit. **20% upfront co-payment** for non-PMB.
• **Macular Degeneration** **Clinical Protocols apply.**	**R40 000** per family per annum. Subject to Oncology Medicine Limit.

CHRONIC MEDICINE Benefits

Covers expenses for specified chronic diseases which require ongoing, long-term or continuous medical treatment.

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**.

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Medication needs to be obtained from a Medshield Pharmacy Network Provider.

40% Upfront co-payment
will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Medication voluntarily obtained from a non-Medshield Pharmacy Network Provider.

This option covers medicine for all 26 PMB CDL's.

Re-imbursement at Maximum Generic Price
or Medicine Price List and Medicine Formularies.
Levies and co-payments to apply where relevant.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
• The use of a Medshield Pharmacy Network Provider is applicable from Rand one. • Supply of medication is limited to **one month** in advance.	Limited to PMB only. Medicines will be approved in line with the Medshield **Formulary**, and is applicable from Rand one.

DENTISTRY Benefits

Provides cover for Dental Services according to the Dental Managed Healthcare Programme and Protocols.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY • **In-Hospital** (only for beneficiaries under the age of 6 years old for extensive Basic Dentistry) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the Compact Hospital Network.	Subject to the Specialised Dentistry Limit.
• **Out-of-Hospital** According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Plastic Dentures subject to pre-authorisation. Failure to obtain an authorisation prior to treatment, will result in a **20% penalty**.	Subject to Personal Savings Account.
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	**R11 800** per family per annum.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth - Services must be obtained from the Medshield Hospital Network. Apicectomy only covered in the Practioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **R3 500** upfront co-payment applies if procedure is done in hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.
• **Dental Implants** Includes all services related to Implants Subject to pre-authorisation.	Subject to the Specialised Dentistry Limit.
• **Orthodontic Treatment** Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to Personal Savings Account.
• **Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics** Consultations, Visits and Treatment for all such dentistry including the Technicians' Fees. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Subject to pre-authorisation.	Subject to Personal Savings Account.
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the Compact Hospital Network. The use of the Medshield Specialist Network may apply.	**R18 600** per family per annum.

OUT-OF-HOSPITAL Benefits

Provides cover for Out-of-Hospital services such as Family Practitioner (FP) Consultations, Optical Services, Specialist Consultations and Acute Medication from your Day-to-Day Limit.

Your **PSA is 15% of your monthly contributions** and it is allocated six months in advance.

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare Protocols.

Treatment paid at 100% of the negotiated fee, or in the absence of such fee 100% of the cost or Scheme Tariff.

DAY-TO-DAY Benefits

The following services are paid from your Day-to-Day Limit, unless a specific sub-limit is stated all services accumulate to the Overall Annual Limit.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS	Subject to Personal Savings Account.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Medshield Specialist Network may apply.	Subject to Personal Savings Account.
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - PRIVATE NURSE PRACTITIONERS The use of the SmartCare Network compulsory from Rand one.	Unlimited.
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - NURSE-LED VIDEOMED GENERAL PRACTITIONERS (GP Subject to the use of the SmartCare Videomed GP Network.	**1** visit per family subject to the Overall Annual Limit and thereafter subject to the Savings Account..
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Personal Savings Account.
MEDICINES AND INJECTION MATERIAL • **Acute medicine** Medshield medicine pricing and formularies apply. • **Pharmacy Advised Therapy (PAT)**	Subject to Personal Savings Account. Subject to Personal Savings Account. Limited to **R220** per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols. • **Optometric Refraction** (eye test) • **Spectacles AND Contact Lenses:** Single Vision Lenses, Bifocal Lenses, Mutifocal Lenses, Contact Lenses • **Frames and/or Lens Enhancements:** • **Readers:** If supplied by a registered Optometrist, Opthalmologist, Supplementary Optical Practitioner, or a Registered Pharmacy	Subject to Personal Savings Account. **1 test** per beneficiary per 24 month optical cycle. Limited to Personal Savings Account. Subject to Personal Savings Account. Subject to Personal Savings Account. **R160** per beneficiary per annum. Subject to Personal Savings Account.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to Personal Savings Account.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Personal Savings Account.
GENERAL RADIOLOGY Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Personal Savings Account. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)	Limited to and included in the Specialised Radiology Limit of **R18 600** per family per annum. **10% upfront co-payment** for non-PMB.
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply. • **Non-Surgical Procedures** • **Procedures and Tests in Practitioners' rooms** • **Routine diagnostic Endoscopic Procedures in Practitioners' rooms**	Subject to Personal Savings Account. Subject to Personal Savings Account. **Unlimited**. **Refer to Addendum B** for the list of services. **Unlimited.** **Refer to Addendum B** for the list of services.
MENTAL HEALTH Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	**R4 700** per family per annum. Limited to and included in the Mental Health limit of **R39 300**.

The following tests are covered under the Health Risk Assessment

- Cholesterol
- Blood Glucose
- Blood Pressure
- Body Mass Index (BMI)

Child immunisation

Through the following providers:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- SmartCare Network

Health Risk Assessments

Can be obtained from:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- Medshield Corporate Wellness Days
- SmartCare Network

DAY-TO-DAY Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
MIRENA DEVICE Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the **4 year** clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms. **On application only.**	**1 per female** beneficiary. Subject to the Overall Annual Limit.
ADDITIONAL MEDICAL SERVICES Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners.	Subject to Personal Savings Account.
ALTERNATIVE HEALTHCARE SERVICES Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.	Subject to Personal Savings Account.

WELLNESS Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures. At Medshield we encourage members to have the necessary tests done at least once a year.

Unless otherwise specified subject to Overall Annual Limit, thereafter subject to the Personal Savings Account, excluding consultations for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R95**.
Pap Smear	**1 per female** beneficiary.
Bone Density (for Osteoporosis and bone fragmentation)	**1 per beneficiary 50+ years** old **every 3 years**.
Health Risk Assessment (Pharmacy or FP)	**1 per beneficiary 18+ years** old per annum.
TB Test	**1 test** per beneficiary.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.
Mammogram (Breast Screening)	**1 per female** beneficiary **40+ years** old **every 2 years**.
Pneumococcal Vaccination	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R170**. Limited to the Scheme's Contraceptive formularies and protocols.
Adult Vaccination	**R380** per family per annum.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary, **9-13 years old**. Subject to qualifying criteria.
Child Immunisations	Immunisation programme as per the Department of Health Protocol and specific age groups.

At Birth: Tuberculosis (BCG) and Polio OPV(0).

At 6 Weeks: Rotavirus RV(1), Polio OPV(1), Pneumococcal PVC (1), DTaP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.

At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.

At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-HBV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.

At 6 Months: Measles MV(1).

At 9 Months: Pneumococcal PVC (3), Chickenpox CP.

At 12 Months: Measles MV(2).

At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HBV (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.

At 6 Years: Tetanus and Diphtheria (Td).

At 12 Years: Tetanus and Diphtheria (Td).

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.
- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

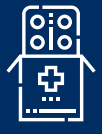
2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.



5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

AMBULANCE Services

You and your registered dependants will have access to a 24 hour Helpline. Call the Ambulance and Emergency Services provider on 086 100 6337.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. **Clinical Protocols apply.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

Emergency medical response by road or air to scene of an emergency incident

Transfer from scene to the closest, most appropriate **facility for stabilisation and definitive care**

Medically justified transfers to special care centres or inter-facility transfers

MONTHLY Contributions

MEDISAVER OPTION	PREMIUM	SAVINGS (INCLUDED IN PREMIUM)
Principal Member	**R3 462**	**R519**
Adult Dependant	**R2 868**	**R430**
Child*	**R843**	**R126**

**Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students*

PRESCRIBED Minimum Benefits (PMB)

All members of Medshield Medical Scheme are entitled to a range of guaranteed benefits; these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

PMBs are minimum benefits given to a member for a specific condition to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification of Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 2120 (+27 10 597 4701) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. **These are known as ambulatory PMB Care templates**.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Day-to-Day benefits at the same time.

DIRECTORY of Medshield MediSaver Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** pmbcaretemplates@medshield.co.za
Diabetes Management Programme	CDE	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the boarders of South Africa **Facsimile:** +27 10 597 4706 **email:** member@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside of the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

COMPLAINTS Escalation Process

In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.

In the event of a routine complaint, you may call Medshield at 086 000 2120 and request to speak to the respective Manager or the Operations Manager.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective Manager and Operations Manager. The complaint will be dealt with in line with our complaints escalation procedure in order to ensure fair and timeous resolution.

MEDSHIELD Banking Details

Bank: Nedbank | **Branch:** Rivonia | **Branch code:** 196905 | **Account number:** 1969125969

FRAUD

Fraud presents a significant risk to the Scheme and members. The dishonesty of a few individuals may negatively impact the Scheme and distort the principles and trust that exist between the Scheme and its stakeholders. Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the Scheme. Fraud prevention and control is the responsibility of all Medshield members and service providers so if you suspect someone of committing fraud, report it to us immediately.

Hotline: 0800 112 811
email: fraud@medshield.co.za

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:

Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

Breast fine needle biopsy	Prostate needle biopsy
Vasectomy	Circumcision
Excision Pterygium with or without graft	Excision wedge ingrown toenail skin of nail fold
Excision ganglion wrist	Drainage skin abscess/curbuncle/whitlow/cyst
Excision of non-malignant lesions less than 2cm	

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)

Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

EXCLUSIONS

Alternative Healthcare Practitioners
Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics
Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)(unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopeadic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products
Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely aneamic patients.

Dentistry
Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention
Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
Dental bleaching;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations
Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions
Root canal therapy on primary (milk) teeth;
Direct and indirect pulp capping procedures.

Plastic Dentures/Snoring Appliances/Mouth guards
Diagnostic dentures and the associated laboratory costs;
Snoring appliances and the associated laboratory costs;
The laboratory cost associated with mouth guards (The clinical fee will be covered at the Medshield Dental Tariff where managed care protocols apply);
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Partial Metal Frame Dentures
Metal base to full dentures, including the laboratory cost;
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Crown and Bridge
Crown and crown retainers on wisdom teeth (3rd molars);
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

Implants
Dolder bars and associated abutments on implants' including the laboratory cost;
Laboratory delivery fees.

Orthodontics
Orthodontic treatment for cosmetic reasons and associated laboratory costs;
Orthodontic treatment for a member or dependant younger than 9 and older than 18 years of age;
Orthodontic re-treatment and the associated laboratory costs;
Cost of invisible retainer material;
Laboratory delivery fees.

Periodontics
Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth for cosmetic reasons;
Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology
The auto-transplantation of teeth;
Sinus lift procedures;
The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);
Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)
Where the reason for admission to hospital is dental fear or anxiety;
Multiple hospital admissions;
Where the only reason for admission to hospital is to acquire a sterile facility;
The cost of dental materials for procedures performed under general anaesthesia.
The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;
Professional oral hygiene procedures;
Implantology and associated surgical procedures;
Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions
Special reports;
Dental testimony, including dentolegal fees;
Behaviour management;
Intramuscular and subcutaneous injections;
Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
Appointments not kept;
Treatment plan completed (code 8120);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation
If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable
Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);
Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;
Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;
Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider.

Infertility
Medical and surgical treatment , which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M;
Vasovasostomy (reversal of vasectomy);
Salpingostomy (reversal of tubal ligation).

Maternity
3D and 4D scans (unless PMB level of care, then DSP applies);
Caesarean Section unless clinically appropriate;
Pregnancy in the first 12 months of membership unless declared and appropriately underwritten.

Medicine and Injection Material
Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;
Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;
Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;
The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:
Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);
Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);

Protein C inhibitors such as Xigris, for septic shock and septicaemia (unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;
Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;
Medicines defined as exclusions by the relevant Managed Healthcare Programme;
Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
Medicines not authorised by the relevant Managed Healthcare Programme;
Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
Slimming preparations for obesity;
Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:

- Infants and pregnant mothers;
- Malabsorption disorders;
- HIV positive patients registered on the relevant Managed Healthcare Programme.

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;
Diagnostic agents, unless authorised and PMB level of care;
Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
Erythropoietin, unless PMB level of care;
Medicines used specifically to treat alchohol and drug addiction.
Pre-authorisation required (unless PMB level of care, DSP applies);
Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
Nappies and waterproof underwear;
Oral contraception for skin conditions, parentaral and foams.

Mental Health

Sleep therapy, unless provided for in the relevant benefit option.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Opthalmology);
Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pairs (DTP) 277S and specific conditions pre-authorised by the relevant Managed Healthcare Programme and at a specific DSP.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;
Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;
Exclusions as per the Schemes Optical Management Programme.

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;
Allergy and Vitamin D testing in hospital;
Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;
Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Peripheral vascular stents, unless Prescribed Minimum Benefits level of care (DSP applies);
TAVI procedure - transcatheter aortic-valve implantation. The

procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);
Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);
Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the practitioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);
Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;
PET (Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);
Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;
CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);
MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols;

SmartCare Clinics - Private Nurse Practitioner

No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty.

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accomodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Telephone consultations;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

MEDSHIELD
medical scheme

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MediPlus

2020 BENEFIT GUIDE

SEPTEMBER 2019

Benefit adjustments are pending CMS approval.

MEDSHIELD
medical scheme

MediPlus Contents

This is an overview of the benefits offered on the **MediPlus** option:

Major Medical
Benefits (In-Hospital)

Ambulance
Services

Oncology
Benefits

Chronic Medicine
Benefits

Maternity
Benefits

Wellness
Benefits

MediPlus Benefit Option

MediPlus is the answer for middle to upper income earners who needs both In- and Out-of-Hospital healthcare cover. Members have unlimited In-Hospital cover through the relevant Hospital Network and the daily Out-of-Hospital cover includes a range of benefits such as Basic and Specialised Dentistry, Optical, a Day-to-Day Limit for Family Practitioner (FP) visits, Specialists, Radiology and Pathology, and many more.

To provide more choice, Medshield has divided the **MediPlus** option into two sub-categories: **MediPlus Prime** and **MediPlus Compact**. All benefits offered and reflected are the same on both categories, but networks, and care co-ordination, nominating a Family Practitioner and the Family Practitioner-to-Specialist referral process, are compulsory on **MediPlus Compact**.

MediPlus prime = MediPlus compact

Compulsory use of networks, and care co-ordination, nominating a Family Practitioner and the Family Practitioner-to-Specialist referral process

Information members should take note of:

Carefully read through this guide and use it as a reference for more information on what is covered on the MediPlus option, the benefit limits, and the rate at which the services will be covered:

Hospital Pre-auhorisation
You must pre-authorise 72 hours before admission by the relevant Managed Healthcare Programme. If you do not obtain a pre-authorisation or retrospective authorisation in case of an emergency, you will incur a percentage penalty.

Hospitalisation Cover
Cover for hospitalisation includes accommodation, theatre costs, hospital equipment, theatre and/or ward drugs, pharmaceuticals and/or surgical items.

Specialist Services Pre-authorisation
Services from treating/attending Specialists are subject to pre-authorisation on the Compact category. The use of the Medshield Specialist Network may apply. If you do not obtain a pre-authorisation or retrospective authorisation in case of an emergency, you will incur a percentage penalty.

Scheme Rules/Protocols
Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable.

Day-to-Day Benefits
Are allocated according to your family size and includes specific sub-limits.

Designated Service Providers (DSPs)
The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.

Medical Specialist Consultations
You have to be referred by your nominated Medshield Network Family Practitioner. Members on MediValue Compact will be liable if Medical Specialists' consultations are obtained outside these guidelines.

Networks
Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools eg website and Android or Apple apps, or from the Medshield Contact Centre

Your claims will be covered as follows:

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare protocols.

Treatment and consultations will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Tariff.

Medshield Private Tariff (up to 200%) will apply to the following services:

- Confinement by a registered Midwife

ONLINE SERVICES

It has now become even easier to manage your healthcare! Access to real-time, online software applications allow members to access their medical aid information anywhere and at any time.

1. The Medshield Login Zone on www.medshield.co.za
2. The Medshield Apps: Medshield's Apple IOS app and Android app are available for download from the relevant app store
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131

Use these channels to view

- Membership details through digital membership card
- Medical Aid Statements
- Track your claims through claims checker
- Hospital pre-authorisation
- Personalised communication
- Tax certificate
- Search for healthcare professionals

The application of co-payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology including PET and PET-CT scan	**10% upfront** co-payment
Specialised Drugs for Oncology, non-Oncology and Biological Drugs	**15% upfront** co-payment
Non-PMB Internal Prosthesis and Devices	**20% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital	**25% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital - Mental Health	**25% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	**25% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	**40% upfront** co-payment
Voluntarily obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-ICON provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	**40% upfront** co-payment
In-Hospital Procedural upfront co-payments	
Endoscopic procedures (refer to **Addendum B**)	**R1 500 upfront** co-payment
Functional Nasal surgery	**R1 500 upfront** co-payment
Hernia Repair (except in infants)	**R3 000 upfront** co-payment
Laparoscopic procedures	**R3 500 upfront** co-payment
Arthroscopic procedures	**R3 500 upfront** co-payment
Wisdom Teeth	**R3 500 upfront** co-payment
Nissen Fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment
Back and Neck surgery	**R7 000 upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

GAP Cover

Gap Cover assists in paying for certain shortfalls not covered by the Scheme based on Scheme Rules.
Assistance is dependent on the type of Gap Cover chosen. Medshield members can access Gap Cover through their Brokers.

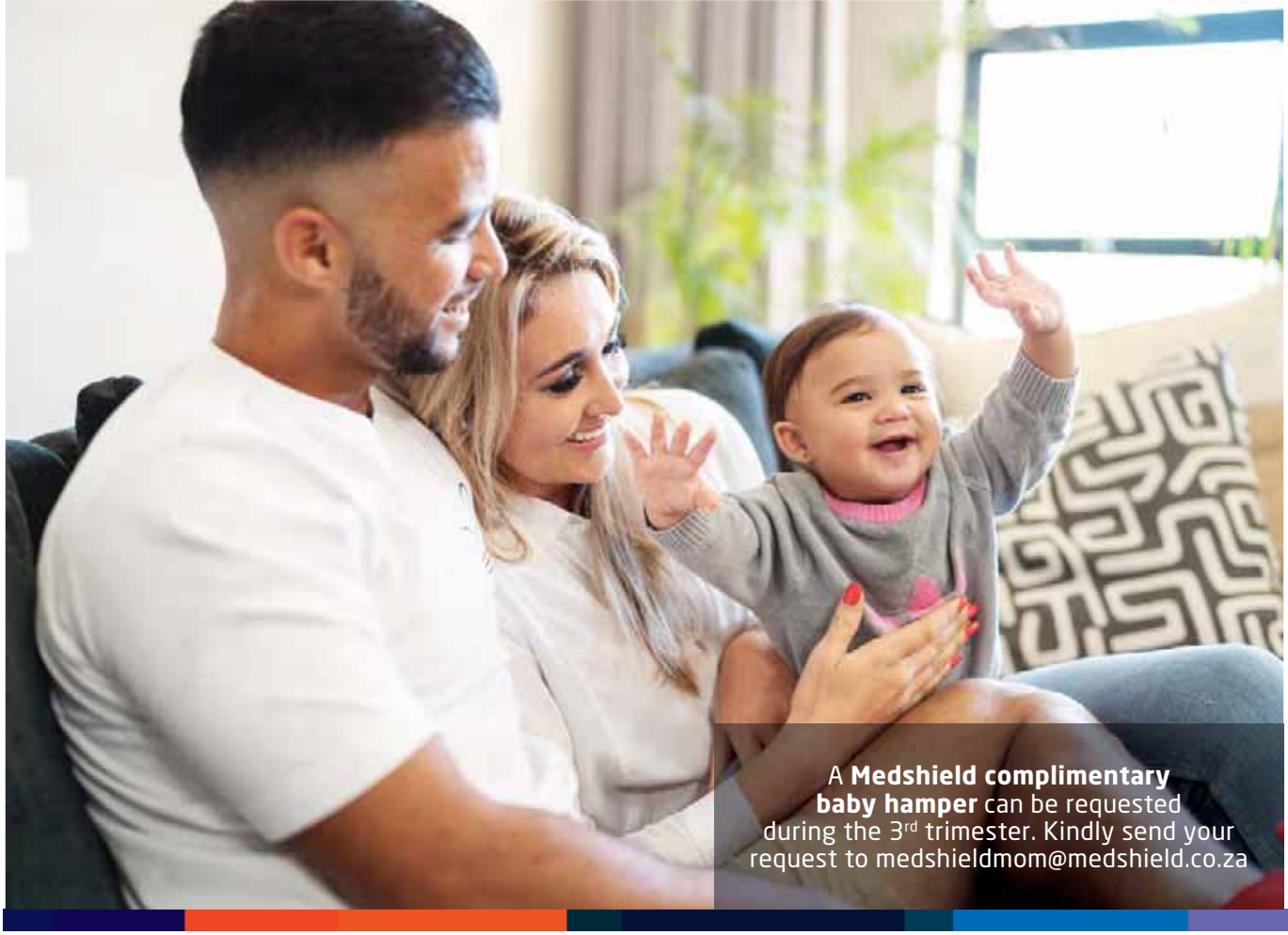
MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.** The use of the Prime Hospital Network applies.	**Unlimited.** The use of the Compact Hospital Network applies..
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Clinical Protocols apply.**	**Unlimited.** Specialist services from treating/ attending specialists are subject to pre-authorisation. The use of the Prime Hospital Network applies.	**Unlimited.** Specialist services from treating/ attending specialists are subject to pre-authorisation. The use of the Compact Hospital Network applies..
SURGICAL PROCEDURES As part of an authorised event.	**Unlimited.**	**Unlimited.**
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R500** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.	Limited to **R500** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Includes the following:** • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R59 850** per family per annum. **R35 000** per family per annum. Subject to the Alternatives to Hospitalisation Limit.	**R59 850** per family per annum. **R35 000** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Hiring or buying of Appliances, External Accessories and Orthotics:** • **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required) • **Hearing Aids** (including repairs) • **Wheelchairs** (including repairs) • **Stoma Products and Incontinence Sheets related to Stoma Therapy** • **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	**R8 750** per family per annum. **R750** per beneficiary per annum. Subject to Appliance Limit. Subject to Appliance Limit. Subject to Appliance Limit. Unlimited if pre-authourised. Subject to Appliance Limit.	**R8 750** per family per annum. **R750** per beneficiary per annum. Subject to Appliance Limit. Subject to Appliance Limit. Subject to Appliance Limit. Unlimited if pre-authourised. Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	**Unlimited.**	**Unlimited.**

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
REFRACTIVE SURGERY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply. **Includes the following:** • **Lasik** • **Radial Keratotomy** • **Phakic Lens Insertion** **Clinical Protocols apply.**	**R8 800** per family per annum. Including hospitalisation, if not authorised, payable from Day-to-Day Limits.	**R8 800** per family per annum. Including hospitalisation, if not authorised, payable from Day-to-Day Limits.
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. **Includes the following:** • **Diagnostic Polysomnograms** • **CPAP Titration** **Clinical Protocols apply.**	**Unlimited.** **Unlimited.**	**Unlimited.** **Unlimited.**
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	**R140 000** per family per annum. **25% upfront** co-payment for the use of a non-Prime Network Hospital. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.	**R140 000** per family per annum. **25% upfront** co-payment for the use of a non-Compact Network Hospital. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	**R2 500** per beneficiary per annum. Thereafter subject to Day-to-Day Limits.	**R2 500** per beneficiary per annum. Thereafter subject to Day-to-Day Limits.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	**R34 500** per family per annum. **20% upfront co-payment** for non-PMB. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.	**R34 500** per family per annum. **20% upfront co-payment** for non-PMB. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Including Ocular Prosthesis.** **Clinical Protocols apply.**	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R12 000** per family per annum. **10% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. **Unlimited.**	**R12 000** per family per annum. **10% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. **Unlimited.**
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following:** **Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	**R175 000** per family per annum. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.	**R175 000** per family per annum. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	**Unlimited.**	**Unlimited.**
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	**R29 400** per family per annum. **25% upfront co-payment** for the use of a non-Prime Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions. Subject to Mental Health Limit. Subject to Mental Health Limit.	**R29 400** per family per annum. **25% upfront co-payment** for the use of a non-Compact Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions. Subject to Mental Health Limit. Subject to Mental Health Limit.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **Anti-retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.
BREAST RECONSTRUCTION (following an Oncology event) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. **Post Mastectomy** (including all stages) **Clinical Protocols apply.**	**R80 000** per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.	**R80 000** per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.



MATERNITY Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	**12 Antenatal** consultations per pregnancy.	**12 Antenatal** consultations per pregnancy.
ANTENATAL CLASSES	**R500** per family.	**R500** per family.
PREGNANCY RELATED SCANS AND TESTS	**Limited to the following:** **Two** 2D Scans per pregnancy. **1 Amniocentesis** per pregnancy.	**Limited to the following:** **Two** 2D Scans per pregnancy. **1 Amniocentesis** per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply.		
• **Confinement in hospital** • **Delivery by a Family Practitioner or Medical Specialist** • **Confinement in a registered birthing unit or out-of-hospital**	**Unlimited.** **Unlimited.** **Unlimited.** Use of the Prime Hospital Network applies.	**Unlimited.** **Unlimited.** **Unlimited.** Use of the Compact Hospital Network applies.
- Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.	**4 Postnatal** consultations per pregnancy.
- Delivery by a registered Midwife or a Practitioner	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.
- Hire of water bath and oxygen cylinder	**Unlimited.**	**Unlimited.**
Clinical Protocols apply.		

ONCOLOGY Benefits

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).
You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	**R240 000** per family per annum.	**R240 000** per family per annum.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Standard** Protocols apply.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Oncology Medicine**	Subject to Oncology Limit. **ICON Standard** Protocols apply.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.	Subject to Oncology Limit.
• **PET and PET-CT** Limited to **1 Scan** per family per annum.	Subject to Oncology Limit. **10% upfront co-payment** for non-PMB.	Subject to Oncology Limit. **10% upfront co-payment** for non-PMB.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**6 visits** per family per annum. Subject to Oncology Limit.	**6 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation on 086 000 2121 or (+27 11 671 2011)	**R111 000** per family per annum. Subject to Oncology Medicine Limit. **15% upfront co-payment** for non-PMB.	**R111 000** per family per annum. Subject to Oncology Medicine Limit. **15% upfront co-payment** for non-PMB.
• **Macular Degeneration** **Clinical Protocols apply.**	**R40 000** per family per annum. Subject to Oncology Medicine Limit.	**R40 000** per family per annum. Subject to Oncology Medicine Limit.

CHRONIC MEDICINE Benefits

Covers expenses for specified chronic diseases which require ongoing, long-term or continuous medical treatment.

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**.

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Medication needs to be obtained from a Medshield Pharmacy Network Provider.

40% Upfront co-payment
will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Medication voluntarily obtained from a non-Medshield Pharmacy Network Provider or Compact Pharmacy Network on the Compact category.

This option covers medicine for all 26 PMB CDLs and an additional list of 14 conditions.

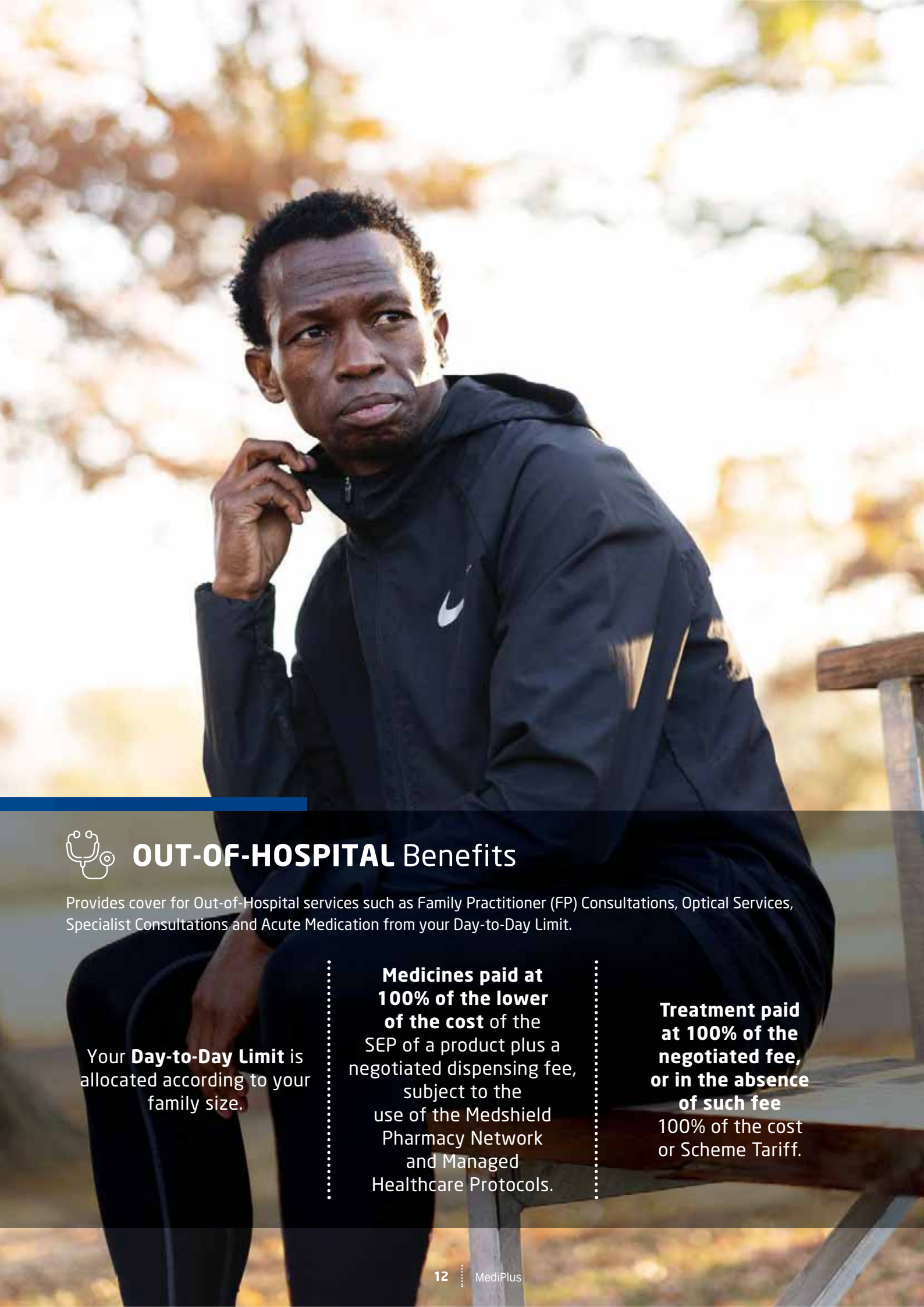
Re-imbursement at Maximum Generic Price
or Medicine Price List and Medicine Formularies.
Levies and co-payments to apply where relevant.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
• The Compact category is subject to the use of the Designated Courier Service Provider (DSP). • Supply of medication is limited to **one month** in advance.	**R6 325** per beneficiary per annum limited to **R12 650** per family per annum. Medicines will be approved in line with the Medshield **Formulary** and is applicable from Rand one The use of a Medshield Pharmacy Network applies from Rand one.	**R6 325** per beneficiary per annum limited to **R12 650** per family per annum. Medicines will be approved in line with the Medshield **Formulary** and is applicable from Rand one. The use of a Compact Pharmacy Network applies from Rand one.

DENTISTRY Benefits

Provides cover for Dental Services according to the Dental Managed Healthcare Programme and Protocols.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
BASIC DENTISTRY • **In-Hospital** (only for beneficiaries under the age of 6 years old) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4700). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the Medshield Hospital Network.	**Unlimited**.	**Unlimited**.
• **Out-of-Hospital** According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Plastic Dentures subject to pre-authorisation. Failure to obtain an authorisation prior to treatment, will result in a **20% penalty**.	**Unlimited**.	**Unlimited**.
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	**R11 800** per family per annum.	**R11 800** per family per annum.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth - Services must be obtained from the Medshield Hospital Network. Apicectomy only covered in the Practitioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **R3 500 upfront** co-payment applies if prodecure is done In-Hospital. No co-payment applies if procedure is done in Practitioners' rooms.	Subject to the Specialised Dentistry Limit. **R3 500 upfront** co-payment applies if prodecure is done In-Hospital. No co-payment applies if procedure is done in Practitioners' rooms.
• **Dental Implants** Includes all services related to Implants. Subject to pre-authorisation.	Subject to the Specialised Dentistry Limit.	Subject to the Specialised Dentistry Limit.
• **Orthodontic Treatment** Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.	Subject to the Specialised Dentistry Limit.
• **Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics** Consultations, Visits and Treatment for all such dentistry including the Technicians' Fees. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.	Subject to the Specialised Dentistry Limit.
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply.	**R15 200** per family per annum.	**R15 200** per family per annum.



OUT-OF-HOSPITAL Benefits

Provides cover for Out-of-Hospital services such as Family Practitioner (FP) Consultations, Optical Services, Specialist Consultations and Acute Medication from your Day-to-Day Limit.

Your **Day-to-Day Limit** is allocated according to your family size.

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare Protocols.

Treatment paid at 100% of the negotiated fee, or in the absence of such fee 100% of the cost or Scheme Tariff.

DAY-TO-DAY Benefits

The following services are paid from your Day-to-Day Limit, unless a specific sub-limit is stated all services accumulate to the Overall Annual Limit.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
DAY-TO-DAY LIMIT	**Limited to the following:** **M = R7 950** **M+1 = R11 100** **M+2 = R12 450** **M+3 = R14 000** **M4+ = R15 350**	**Limited to the following:** **M = R7 950** **M+1 = R11 100** **M+2 = R12 450** **M+3 = R14 000** **M4+ = R15 350**
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - PRIVATE NURSE PRACTITIONERS The use of the SmartCare Network compulsory from Rand one.	**Unlimited.**	**Unlimited.**
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - NURSE-LED VIDEOMED GENERAL PRACTITIONERS (GP) Subject to the use of the SmartCare Videomed GP Network.	**1 visit** per family subject ti the Overall Annual Limit and thereafter subject to Day-to-Day Limit..	**1 visit** per family subject to the Overall Annual Limit and thereafter subject to Day-to-Day Limit.
FAMILY PRACTITIONER CONSULTATIONS AND VISITS	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Medshield Specialist Network may apply.	**2 visits** per family limited to and included in the Overall Annual Limit. Thereafter limited to the Day-to-Day Limit.	**2 visits** per family subject to the referral authorisation by the nominated Network FP. Limited to and included in the Overall Annual Limit. Thereafter limited to the Day-to-Day Limit. No referral will result in a **40% co-payment**.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL • **Acute medicine** Medshield medicine pricing and formularies apply. • **Pharmacy Advised Therapy (PAT)**	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. Limited to **R220** per script.	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. Limited to **R220** per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols.	**1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by an Optical Service Date Cycle. Starting 1 January 2019. Subject to Overall Annual Limit.	Subject to the use of the Compact Optical Network. **1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by an Optical Service Date Cycle. Subject to Overall Annual Limit.
• **Optometric Refraction** (eye test)	**1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit.	**1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit.
• **Spectacles OR Contact Lenses:** Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses • **Frames and/or Lens Enhancements:**	Subject to Optical Limit. **R550 per beneficiary** limited to and included in the Optical Limit.	Subject to Optical Limit. **R550 per beneficiary** limited to and included in the Optical Limit.
• **Readers:** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a Registered Pharmacy	**R160** per beneficiary per annum. Subject to Overall Annual Limit.	**R160** per beneficiary per annum. Subject to Overall Annual Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
GENERAL RADIOLOGY Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)	Limited to and included in the Specialised Radiology limit of **R12 000** per family per annum. **10% upfront co-payment** for non-PMB.	Limited to and included in the Specialised Radiology limit of **R12 000** per family per annum. **10% upfront co-payment** for non-PMB.

The following tests are covered under the Health Risk Assessment

- Cholesterol
- Blood Glucose
- Blood Pressure
- Body Mass Index (BMI)

Child immunisation

Through the following providers:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- SmartCare Network

Health Risk Assessments

Can be obtained from:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- Medshield Corporate Wellness Days
- SmartCare Network

DAY-TO-DAY Benefits

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
Non-Surgical Procedures	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
• **Procedures and Tests in Practitioners' rooms**	**Unlimited.** **Refer to Addendum B** for a list of services.	**Unlimited.** **Refer to Addendum B** for a list of services.
• **Routine diagnostic Endoscopic Procedures in Practitioners' rooms**	**Unlimited.** **Refer to the Addendum B** for the list of services.	**Unlimited.** **Refer to the Addendum B** for the list of services.
MENTAL HEALTH Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	Limted to and included in the Mental Health Limit of **R29 400** per family per annum.	Limted to and included in the Mental Health Limit of **R29 400** per family per annum.
MIRENA DEVICE Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the **4 year** clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms. **On application only.**	**1 per female** beneficiary. Subject to the Overall Annual Limit.	**1 per female** beneficiary. Subject to the Overall Annual Limit.
ADDITIONAL MEDICAL SERVICES Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy, and Private Nurse Practitioners.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
ALTERNATIVE HEALTHCARE SERVICES Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths, and Phytotherapists.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.

WELLNESS Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures. At Medshield we encourage members to have the necessary tests done at least once a year.

Unless otherwise specified subject to Overall Annual Limit, thereafter subject to the Day-to-Day Limit, excluding consultations for the following services:

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R95**.	**1 per beneficiary 18+ years** old to a maximum of **R95**.
Pap Smear	**1 per female** beneficiary.	**1 per female** beneficiary.
Bone Density (for Osteoporosis and bone fragmentation)	**1 per beneficiary 50+ years** old **every 3 years**.	**1 per beneficiary 50+ years** old **every 3 years**.
Health Risk Assessment (Pharmacy or FP)	**1 per beneficiary 18+ years** old per annum.	**1 per beneficiary 18+ years** old per annum.
TB Test	**1 test** per beneficiary.	**1 test** per beneficiary.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.	**1 test** per beneficiary.
Mammogram (Breast Screening)	**1 per female** beneficiary **40+ years** old **every 2 years**.	**1 per female** beneficiary **40+ years** old **every 2 years**.
Pneumococcal Vaccination	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R170**. Limited to the Scheme's Contraceptive formularies and protocols.	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R170**. Limited to the Scheme's Contraceptive formularies and protocols.
Adult Vaccination	**R380** per family per annum.	**R380** per family per annum.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary, **9 - 13 years old**. Subject to qualifying criteria.	**1 course of 2 injections per female** beneficiary, **9 - 13 years old**. Subject to qualifying criteria.

WELLNESS Benefits

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
Child Immunisations	Immunisation programme as per the Department of Health Protocol and specific age groups.	Immunisation programme as per the Department of Health Protocol and specific age groups.
At Birth: Tuberculosis (BCG) and Polio OPV(0).		
At 6 Weeks: Rotavirus RV(1), Polio OPV(1), Pneumococcal PVC (1), DTaP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-HBV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 6 Months: Measles MV(1).		
At 9 Months: Pneumococcal PVC (3), Chickenpox CP.		
At 12 Months: Measles MV(2).		
At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HBV (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 6 Years: Tetanus and Diphtheria (Td).		
At 12 Years: Tetanus and Diphtheria (Td).		

AMBULANCE Services

You and your registered dependants will have access to a 24 hour Helpline. Call the Ambulance and Emergency Services provider on 086 100 6337.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

Emergency medical response by road or air to scene of an emergency incident

Transfer from scene to the closest, most appropriate **facility for stabilisation and definitive care**

Medically justified transfers to special care centres or inter-facility transfers

MONTHLY Contributions

Mediplus OPTION	PRIME	COMPACT
Principal Member	R3 453	R3 189
Adult Dependant	R2 466	R2 277
Child*	R777	R717

**Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.*

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.
- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.

5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

PRESCRIBED Minimum Benefits (PMB)

All members of Medshield Medical Scheme are entitled to a range of guaranteed benefits; these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

PMBs are minimum benefits given to a member for a specific condition to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification of Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 2120 (+27 10 597 4701) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. **These are known as ambulatory PMB Care templates**.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Day-to-Day benefits at the same time.

DIRECTORY of Medshield MediPlus Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** pmbcaretemplates@medshield.co.za
Diabetes Management Programme	CDE	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the boarders of South Africa **Facsimile:** +27 10 597 4706 **email:** member@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside of the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

COMPLAINTS Escalation Process

In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.

In the event of a routine complaint, you may call Medshield at 086 000 2120 and request to speak to the respective Manager or the Operations Manager.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective Manager and Operations Manager. The complaint will be dealt with in line with our complaints escalation procedure in order to ensure fair and timeous resolution.

MEDSHIELD Banking Details

Bank: Nedbank | **Branch:** Rivonia | **Branch code:** 196905 | **Account number:** 1969125969

FRAUD

Fraud presents a significant risk to the Scheme and members. The dishonesty of a few individuals may negatively impact the Scheme and distort the principles and trust that exist between the Scheme and its stakeholders. Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the Scheme. Fraud prevention and control is the responsibility of all Medshield members and service providers so if you suspect someone of committing fraud, report it to us immediately.

Hotline: 0800 112 811
email: fraud@medshield.co.za

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:

Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

Breast fine needle biopsy	Prostate needle biopsy
Vasectomy	Circumcision
Excision Pterygium with or without graft	Excision wedge ingrown toenail skin of nail fold
Excision ganglion wrist	Drainage skin abscess/curbuncle/whitlow/cyst
Excision of non-malignant lesions less than 2cm	

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)

Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

EXCLUSIONS

Alternative Healthcare Practitioners

Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics

Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)(unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopeadic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products

Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely aneamic patients.

Dentistry

Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention

Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
Dental bleaching;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations

Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions

Root canal therapy on primary (milk) teeth;
Direct and indirect pulp capping procedures.

Plastic Dentures/Snoring Appliances/Mouth guards

Diagnostic dentures and the associated laboratory costs;
Snoring appliances and the associated laboratory costs;
The laboratory cost associated with mouth guards (The clinical fee will be covered at the Medshield Dental Tariff where managed care protocols apply);
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Partial Metal Frame Dentures

Metal base to full dentures, including the laboratory cost;
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Crown and Bridge

Crown and crown retainers on wisdom teeth (3rd molars);
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

Implants

Dolder bars and associated abutments on implants' including the laboratory cost;
Laboratory delivery fees.

Orthodontics

Orthodontic treatment for cosmetic reasons and associated laboratory costs;
Orthodontic treatment for a member or dependant younger than 9 and older than 18 years of age;
Orthodontic re-treatment and the associated laboratory costs;
Cost of invisible retainer material;
Laboratory delivery fees.

Periodontics

Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth for cosmetic reasons;

Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology

The auto-transplantation of teeth;

Sinus lift procedures;

The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);

Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)

Where the reason for admission to hospital is dental fear or anxiety;

Multiple hospital admissions;

Where the only reason for admission to hospital is to acquire a sterile facility;

The cost of dental materials for procedures performed under general anaesthesia.

The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;

Professional oral hygiene procedures;

Implantology and associated surgical procedures;

Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions

Special reports;

Dental testimony, including dentolegal fees;

Behaviour management;

Intramuscular and subcutaneous injections;

Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;

Appointments not kept;

Treatment plan completed (code 8120);

Electrognathographic recordings, pantographic recordings and other such electronic analyses;

Caries susceptibility and microbiological tests;

Pulp tests;

Cost of mineral trioxide;

Enamel microabrasion.

Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;

All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation

If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable

Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);

Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;

Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;

Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider.

Infertility

Medical and surgical treatment , which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M;

Vasovasostomy (reversal of vasectomy);

Salpingostomy (reversal of tubal ligation).

Maternity

3D and 4D scans (unless PMB level of care, then DSP applies);

Caesarean Section unless clinically appropriate;

Pregnancy in the first 12 months of membership unless declared and appropriately underwritten.

Medicine and Injection Material

Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);

Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;

Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);

Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;

Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;

The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:

Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);

Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);

Protein C inhibitors such as Xigris, for septic shock and septicaemia (unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;
Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;
Medicines defined as exclusions by the relevant Managed Healthcare Programme;
Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
Medicines not authorised by the relevant Managed Healthcare Programme;
Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
Slimming preparations for obesity;
Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:

- Infants and pregnant mothers;
- Malabsorption disorders;
- HIV positive patients registered on the relevant Managed Healthcare Programme.

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;
Diagnostic agents, unless authorised and PMB level of care;
Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
Erythropoietin, unless PMB level of care;
Medicines used specifically to treat alchohol and drug addiction.
Pre-authorisation required (unless PMB level of care, DSP applies);
Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
Nappies and waterproof underwear;
Oral contraception for skin conditions, parentaral and foams.

Mental Health

Sleep therapy, unless provided for in the relevant benefit option.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Opthalmology);
Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pairs (DTP) 277S and specific conditions pre-authorised by the relevant Managed Healthcare Programme and at a specific DSP.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;
Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;
Exclusions as per the Schemes Optical Management Programme.

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;
Allergy and Vitamin D testing in hospital;
Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;
Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Peripheral vascular stents, unless Prescribed Minimum Benefits level of care (DSP applies);
TAVI procedure - transcatheter aortic-valve implantation. The

procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);
Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);
Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the practitioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);
Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;
PET (Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);
Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;
CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);
MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols;

SmartCare Clinics - Private Nurse Practitioner

No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty.

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accomodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Telephone consultations;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

MEDSHIELD
medical scheme

Medshield Head Office

288 Kent Avenue, Cnr of Kent Avenue and Harley Street, Ferndale
email: member@medshield.co.za
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Medshield Regional Offices

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MediCore

2020 BENEFIT GUIDE

SEPTEMBER 2019

Benefit adjustments are pending CMS approval.

MEDSHIELD
medical scheme

MediCore

MediCore Contents

This is an overview of the benefits offered on the **MediCore** option:

Major Medical Benefits (In-Hospital)

Ambulance Services

Oncology Benefits

Chronic Medicine Benefits

Maternity Benefits

Wellness Benefits

MediCore Benefit Option

At the very least, everyone should have unlimited In-Hospital cover in case of major medical emergencies. **MediCore** offers unlimited In-Hospital cover through the Medshield Hospital Network, with certain In-Hospital procedures paid at a higher rate (Medshield Private Tariff 200%) than the Medshield Tariff (100%). This option has no Day-to-Day benefits and is ideal for healthy individuals that can manage their own daily healthcare expenses.

Information members should take note of:

Carefully read through this guide and use it as a reference for more information on what is covered on the **MediCore** option, the benefit limits, and the rate at which the services will be covered:

Hospital Pre-auhorisation
You must pre-authorise 72 hours before admission by the relevant Managed Healthcare Programme

Hospitalisation Cover
Cover for hospitalisation includes accommodation, theatre costs, hospital equipment, theatre and/or ward drugs, pharmaceuticals and/or surgical items

Chronic Medicine Benefits
Registration and approval on the Chronic Medicine Management Programme is a pre-requisite to access this benefit.

Scheme Rules/Protocols
Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable

Pre-registration
Access to certain benefits requires pre-registration.

Designated Service Providers (DSPs)
The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.

Co-payments
Some procedures might attract co-payments – review the guide to obtain information on these services, or call the Medshield Contact Centre.

Networks
Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools eg website and Android or Apple apps, or from the Medshield Contact Centre

Your claims will be covered as follows:

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare protocols.

Treatment and consultations will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Tariff.

Extended Benefit Cover (up to 200%) will apply to the following In-Hospital services (as part of an authorised event):

- Surgical Procedures
- Confinement
- Consultations and visits by Family Practitioners and Specialists
- Maxillo-facial Surgery
- Non-surgical Procedures and Tests.

Medshield Private Tariff (up to 200%) will apply to the following services:

- Confinement by a registered Midwife
- Non-surgical Procedures (Refer to Addendum B for the list of services)
- Routine Diagnostic Endoscopic Procedures (Refer to Addendum B or a list of services).

ONLINE SERVICES

It has now become even easier to manage your healthcare! Access to real-time, online software applications allow members to access their medical aid information anywhere and at any time.

1. The Medshield Login Zone on www.medshield.co.za
2. The Medshield Apps: Medshield's Apple IOS app and Android app are available for download from the relevant app store
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131

Use these channels to view

- Membership details through digital membership card
- Medical Aid Statements
- Track your claims through claims checker
- Hospital pre-authorisation
- Personalised communication
- Tax certificate
- Search for healthcare professionals

The application of co-payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology	**10% upfront** co-payment
Non-PMB Internal Prosthesis and Devices	**25% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital	**25% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital - Mental Health	**25% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	**25% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	**40% upfront** co-payment
Voluntarily obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-ICON provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	**40% upfront** co-payment
In-Hospital Procedural upfront co-payments	
Endoscopic procedures (refer to **Addendum B**)	**R2 000 upfront** co-payment
Hernia Repair (except in infants)	**R3 000 upfront** co-payment
Laparoscopic procedures	**R4 000 upfront** co-payment
Arthroscopic procedures	**R4 000 upfront** co-payment
Nissen Fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment
Functional Nasal surgery	**R5 000 upfront** co-payment
Back and Neck surgery	**R8 000 upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

GAP Cover

Gap Cover assists in paying for certain shortfalls not covered by the Scheme based on Scheme Rules.
Assistance is dependent on the type of Gap Cover chosen. Medshield members can access Gap Cover through their Brokers.

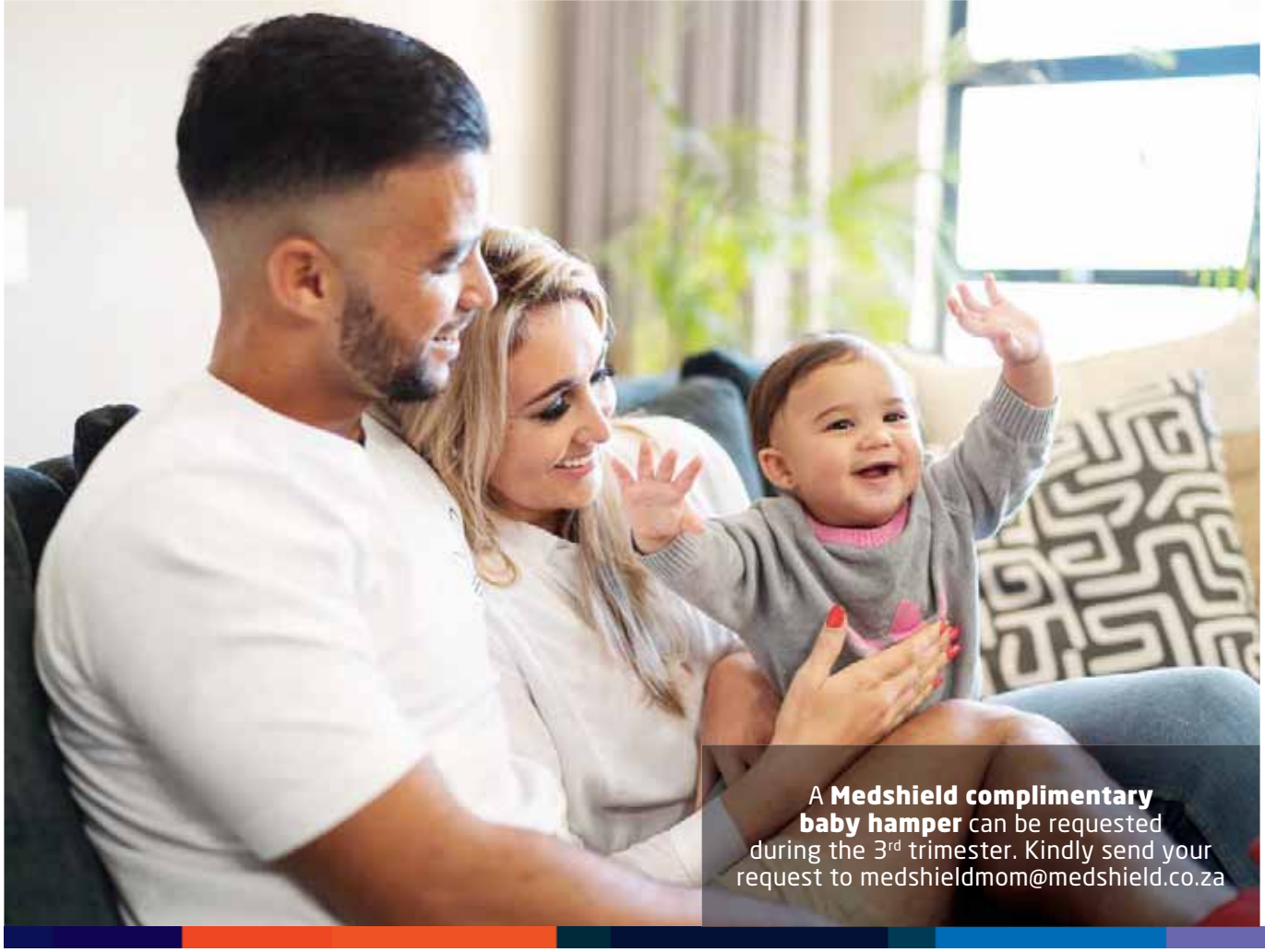
MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.**
EXTENDED BENEFIT COVER (up to 200%)	For specified services and procedures only where a beneficiary is hospitalised.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Clinical Protocols apply.**	**Unlimited.** Specialist services from treating/attending Specialists are subject to pre-authorisation.
SURGICAL PROCEDURES As part of an authorised event.	**Unlimited.** **Extended Benefit Cover (up to 200%)**
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R300** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Includes the following:** • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R38 300** per family per annum. **R35 200** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Hiring or buying of Appliances, External Accessories and Orthotics:** • **Stoma Products and Incontinence Sheets related to Stoma Therapy** • **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	Unlimited if pre-authourised, PMB only. Limited to PMB only.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners (FP).	**Unlimited.** **Extended Benefit Cover (up to 200%)**
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Includes the following:** • **Diagnostic Polysomnograms** **Clinical Protocols apply.**	**Unlimited.**
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry. **25% upfront** co-payment for the use of a non-Medshield Network Hospital.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.**	**Unlimited.**
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	**R2 500** per beneficiary per annum.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	**R32 100** per family per annum. **25% upfront co-payment** for non-PMB. **Sub-limits** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Including Ocular Prosthesis** **Clinical Protocols apply.**	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited.** **1 Bone Densitometry scan** per beneficiary per annum.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R9 000** per family limited to and included in the Overall Annual Limit. **10% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. **Unlimited.**

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following:** **Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	**Unlimited.** **Extended Benefit Cover (up to 200%)**
NON-SURGICAL PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS The use of the Medshield Specialist Network may apply.	
• **Procedures and Tests in Practitioners' rooms**	**Unlimited.** **Medshield Private Rates (up to 200%)** apply if procedure is performed in Practitioners' rooms. **Refer to Addendum B** for a list of services. No benefits out of hospital.
• **Routine diagnostic Endoscopic Procedures in Practitioners' rooms**	**Unlimited.** **Medshield Private Rates (up to 200%)** apply if procedure is performed in Practitioners' rooms. **Refer to Addendum B** for a list of services.
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner.	**R33 400** per family per annum. **25% upfront co-payment** for the use of a non-Medshield Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions.
• **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum**	Subject to PMB and PMB level of care.
• **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling in-hospital**	Subject to Mental Health Limit.
• **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling Out-of-Hospital**	Subject to PMB only.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:**	As per Managed Healthcare Protocols.
• **Anti-retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment**.
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.
BREAST RECONSTRUCTION (following an Oncology event) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. **Post Mastectomy** (including all stages) **Clinical Protocols apply.**	**R80 000** per family per annum. **Extended Benefit Cover (up to 200%)** Co-payments and prosthesis limit as stated under Prosthesis is not applicable to Breast Reconstruction.



MATERNITY Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	**6 Antenatal** consultations per pregnancy.
PREGNANCY RELATED SCANS AND TESTS	**Limited to the following:** **Two** 2D Scans per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply.	
• **Confinement in hospital** • **Delivery by a Family Practitioner or Medical Specialist** • **Confinement in a registered birthing unit or out of hospital**	**Unlimited.** **Unlimited.** **Unlimited.** **Extended Benefit Cover (up to 200%)**
- Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.
- Delivery by a registered Midwife or a Practitioner	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.
- Hire of water bath and oxygen cylinder	**Unlimited.**
Clinical Protocols apply.	

ONCOLOGY Benefits

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).
You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	Unlimited subject to PMB and PMB level of care.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Oncology Medicine**	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.
• **PET and PET-CT** Limited to **1 Scan** per family per annum.	Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**6 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation from the Oncology Managed Healthcare provider.	Subject to PMB only.
• **Macular Degeneration** **Clinical Protocols apply.**	Subject to PMB only.

CHRONIC MEDICINE Benefits

Covers expenses for specified chronic diseases which require ongoing, long-term or continuous medical treatment.

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**.

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Medication needs to be obtained from a Medshield Pharmacy Network Provider.

40% Upfront co-payment
will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Medication voluntarily obtained from a non-Medshield Pharmacy Network Provider.

This option covers medicine for all 26 PMB CDLs.

Re-imbursement at Maximum Generic Price
or Medicine Price List and Medicine Formularies.
Levies and co-payments to apply where relevant.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
• The use of the Chronic DSP is applicable from Rand one. • Supply of medication is limited to **one month** in advance.	Limited to PMB only. Medicines will be approved in line with the Medshield **Formulary** and is applicable from Rand one.

DENTISTRY Benefits

Provides cover for Dental Services according to the Dental Managed Healthcare Programme and Protocols.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY • **In-Hospital** (only for beneficiaries under the age of 6 years old for extensive Basic Dentistry). Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the Medshield Hospital Network.	**Unlimited.**
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply.	**R11 550** per family per annum. **Extended Benefit Cover (up to 200%)** only applicable to Maxillo-facial Surgery.

WELLNESS Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures. At Medshield we encourage members to have the necessary tests done at least once a year.

Unless otherwise specified subject to Overall Annual Limit, thereafter subject to the Day-to-Day Limit, excluding consultations for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R95**.
Pap Smear	**1 per female** beneficiary.
Health Risk Assessment (Pharmacy or FP)	**1 per beneficiary 18+ years** old per annum.
TB Test	**1 test** per beneficiary.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.
Pneumococcal Vaccination	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R170**. Limited to the Scheme's Contraceptive formularies and protocols.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary, **9 - 13 years old**. Subject to qualifying criteria.
Child Immunisations	Immunisation programme as per the Department of Health Protocol and specific age groups.
At Birth: Tuberculosis (BCG) and Polio OPV(0).	
At 6 Weeks: Rotavirus RV(1), Polio OPV(1), Pneumococcal PVC (1), DTaP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-HBV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 6 Months: Measles MV(1).	
At 9 Months: Pneumococcal PVC (3), Chickenpox CP.	
At 12 Months: Measles MV(2).	
At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HBV (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 6 Years: Tetanus and Diphtheria (Td).	
At 12 Years: Tetanus and Diphtheria (Td).	

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.

- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

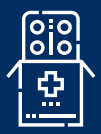
2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.



5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

SMARTCARE Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL – PRIVATE NURSE PRACTITIONERS The use of the SmartCare Nurse Network compulsory from Rand one.	**Unlimited.**
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL – NURSE-LED VIDEOMED GENERAL PRACTITIONERS (GP) Subject to the use of the SmartCare Videomed GP Network.	**1 visit** per family subject to the Overall Annual Limit and thereafter no benefit.

The following tests are covered under the Health Risk Assessment

- Cholesterol
- Blood Glucose
- Blood Pressure
- Body Mass Index (BMI)

Child immunisation

Through the following providers:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- SmartCare Network

Health Risk Assessments

Can be obtained from:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- Medshield Corporate Wellness Days
- SmartCare Network

AMBULANCE Services

You and your registered dependants will have access to a 24 hour Helpline. Call the Ambulance and Emergency Services provider on 086 100 6337.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. **Clinical Protocols apply.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

Emergency medical response by road or air to scene of an emergency incident

Transfer from scene to the closest, most appropriate **facility for stabilisation and definitive care**

Medically justified transfers to special care centres or inter-facility transfers

MONTHLY Contributions

MEDICORE OPTION	PREMIUM
Principal Member	**R2 610**
Adult Dependant	**R2 208**
Child*	**R603**

**Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.*

PRESCRIBED Minimum Benefits (PMB)

All members of Medshield Medical Scheme are entitled to a range of guaranteed benefits; these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

PMBs are minimum benefits given to a member for a specific condition to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification of Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 2120 (+27 10 597 4701) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. **These are known as ambulatory PMB Care templates**.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Day-to-Day benefits at the same time.

DIRECTORY of Medshield MediCore Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** pmbcaretemplates@medshield.co.za
Diabetes Management Programme	CDE	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the boarders of South Africa **Facsimile:** +27 10 597 4706 **email:** member@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside of the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

COMPLAINTS Escalation Process

In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.

In the event of a routine complaint, you may call Medshield at 086 000 2120 and request to speak to the respective Manager or the Operations Manager.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective Manager and Operations Manager. The complaint will be dealt with in line with our complaints escalation procedure in order to ensure fair and timeous resolution.

MEDSHIELD Banking Details

Bank: Nedbank | **Branch:** Rivonia | **Branch code:** 196905 | **Account number:** 1969125969

FRAUD

Fraud presents a significant risk to the Scheme and members. The dishonesty of a few individuals may negatively impact the Scheme and distort the principles and trust that exist between the Scheme and its stakeholders. Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the Scheme. Fraud prevention and control is the responsibility of all Medshield members and service providers so if you suspect someone of committing fraud, report it to us immediately.

Hotline: 0800 112 811
email: fraud@medshield.co.za

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:

Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

Breast fine needle biopsy	Prostate needle biopsy
Vasectomy	Circumcision
Excision Pterygium with or without graft	Excision wedge ingrown toenail skin of nail fold
Excision ganglion wrist	Drainage skin abscess/curbuncle/whitlow/cyst
Excision of non-malignant lesions less than 2cm	

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)

Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

EXCLUSIONS

Alternative Healthcare Practitioners
Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics
Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)(unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopeadic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products
Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely aneamic patients.

Dentistry
Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention
Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
Dental bleaching;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations
Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions
Root canal therapy on primary (milk) teeth;
Direct and indirect pulp capping procedures.

Plastic Dentures/Snoring Appliances/Mouth guards
Diagnostic dentures and the associated laboratory costs;
Snoring appliances and the associated laboratory costs;
The laboratory cost associated with mouth guards (The clinical fee will be covered at the Medshield Dental Tariff where managed care protocols apply);
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Partial Metal Frame Dentures
Metal base to full dentures, including the laboratory cost;
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Crown and Bridge
Crown and crown retainers on wisdom teeth (3rd molars);
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

Implants
Dolder bars and associated abutments on implants' including the laboratory cost;
Laboratory delivery fees.

Orthodontics
Orthodontic treatment for cosmetic reasons and associated laboratory costs;
Orthodontic treatment for a member or dependant younger than 9 and older than 18 years of age;
Orthodontic re-treatment and the associated laboratory costs;
Cost of invisible retainer material;
Laboratory delivery fees.

Periodontics
Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth for cosmetic reasons;
Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology
The auto-transplantation of teeth;
Sinus lift procedures;
The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);
Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)
Where the reason for admission to hospital is dental fear or anxiety;
Multiple hospital admissions;
Where the only reason for admission to hospital is to acquire a sterile facility;
The cost of dental materials for procedures performed under general anaesthesia.
The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;
Professional oral hygiene procedures;
Implantology and associated surgical procedures;
Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions
Special reports;
Dental testimony, including dentolegal fees;
Behaviour management;
Intramuscular and subcutaneous injections;
Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
Appointments not kept;
Treatment plan completed (code 8120);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation
If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable
Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);
Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;
Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;
Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider.

Infertility
Medical and surgical treatment , which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M;
Vasovasostomy (reversal of vasectomy);
Salpingostomy (reversal of tubal ligation).

Maternity
3D and 4D scans (unless PMB level of care, then DSP applies);
Caesarean Section unless clinically appropriate;
Pregnancy in the first 12 months of membership unless declared and appropriately underwritten.

Medicine and Injection Material
Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;
Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;
Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;
The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:
Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);
Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);
Protein C inhibitors such as Xigris, for septic shock and septicaemia

(unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;
Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;
Medicines defined as exclusions by the relevant Managed Healthcare Programme;
Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
Medicines not authorised by the relevant Managed Healthcare Programme;
Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
Slimming preparations for obesity;
Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:

- Infants and pregnant mothers;
- Malabsorption disorders;
- HIV positive patients registered on the relevant Managed Healthcare Programme.

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;
Diagnostic agents, unless authorised and PMB level of care;
Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
Erythropoietin, unless PMB level of care;
Medicines used specifically to treat alchohol and drug addiction.
Pre-authorisation required (unless PMB level of care, DSP applies);
Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
Nappies and waterproof underwear;
Oral contraception for skin conditions, parentaral and foams.

Mental Health

Sleep therapy, unless provided for in the relevant benefit option.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Opthalmology);
Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pairs (DTP) 277S and specific conditions pre-authorised by the relevant Managed Healthcare Programme and at a specific DSP;
Healthcare services (including scans and scopes) that should be done out of hospital and for which an admission to hospital is not necessary.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;
Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;
Exclusions as per the Schemes Optical Management Programme.

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;
Allergy and Vitamin D testing in hospital;
Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;
Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Peripheral vascular stents, unless Prescribed Minimum Benefits level of care (DSP applies);

TAVI procedure - transcatheter aortic-valve implantation. The procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);
Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);
Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the practitioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);
Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;
PET (Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);
Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;
CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);
MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols;

SmartCare Clinics - Private Nurse Practitioner

No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty;
Joint replacement (including but not limited to hips, knees, shoulders and elbows), unless Prescribed Minimum Benefits level of care;
Back and Neck surgery (unless PMB level of care, DSP applies);

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accomodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Telephone consultations;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

NOTES

NOTES

MEDSHIELD
medical scheme

Medshield Head Office

288 Kent Avenue, Cnr of Kent Avenue and Harley Street, Ferndale
email: member@medshield.co.za
Postal Address: PO Box 4346, Randburg, 2125

Medshield Regional Offices

BLOEMFONTEIN
Suite 13, Office Park, 149 President Reitz Ave, Westdene
email: medshield.bloem@medshield.co.za

DURBAN
Unit 4A, 95 Umhlanga Rocks Drive, Durban North
email: medshield.durban@medshield.co.za

CAPE TOWN
Podium Level, Block A, The Boulevard, Searle Street, Woodstock
email: medshield.ct@medshield.co.za

MEDSHIELD CONTACT CENTRE
Contact number: 086 000 2120 (+27 10 597 4701)
for members outside the borders of South Africa.
Facsimile: +27 10 597 4706
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EAST LONDON
Unit 3, 8 Princes Road, Vincent
email: medshield.el@medshield.co.za

PORT ELIZABETH
Unit 3 (b), The Acres Retail Centre, 20 Nile Road, Perridgevale
email: medshield.pe@medshield.co.za

MediValue

2020 BENEFIT GUIDE

SEPTEMBER 2019

Benefit adjustments are pending CMS approval.

MEDSHIELD
medical scheme

MediValue

MediValue Contents

This is an overview of the benefits offered on the **MediValue** option:

Major Medical
Benefits (In-Hospital)

Ambulance
Services

Oncology
Benefits

Chronic Medicine
Benefits

Maternity
Benefits

Wellness
Benefits

MediValue Benefit Option

MediValue is the ideal option for individuals who need complete cover for hospital procedures or emergencies, and partial daily healthcare cover. It offers unlimited In-Hospital services through the relevant Hospital Network and provides limited Out-of-Hospital cover for fundamental healthcare needs.

To provide more choice, Medshield has split the **MediValue** option into two sub-categories: **MediValue Prime** and **MediValue Compact**. All benefits offered and reflected are the same on both categories, but networks, and care co-ordination, nominating a Family Practitioner and the Family Practitioner-to-Specialist referral process, are compulsory on **MediValue Compact**.

MediValue prime = MediValue compact

Compulsory use of networks, and care co-ordination, nominating a Family Practitioner and the Family Practitioner-to-Specialist referral process

Information members should take note of:

Carefully read through this guide and use it as a reference for more information on what is covered on the MediValue option, the benefit limits, and the rate at which the services will be covered:

Hospital Pre-auhorisation
You must pre-authorise 72 hours before admission by the relevant Managed Healthcare Programme. If you do not obtain a pre-authorisation or retrospective authorisation in case of an emergency, you will incur a percentage penalty.

Hospitalisation Cover
Cover for hospitalisation includes accommodation, theatre costs, hospital equipment, theatre and/or ward drugs, pharmaceuticals and/or surgical items.

Specialist Services Pre-authorisation
Services from treating/attending Specialists are subject to pre-authorisation on the Compact category.. The use of the Medshield Specialist Network may apply. If you do not obtain a pre-authorisation or retrospective authorisation in case of an emergency, you will incur a percentage penalty.

Scheme Rules/Protocols
Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable.

Day-to-Day Benefits
Are allocated according to your family size and is paid from your Day-To-Day Limit, unless a specific sub-limit is stated all services accumulate to the Overall Annual Limit.

Designated Service Providers (DSPs)
The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.

Medical Specialist Consultations
You have to be referred by your nominated Medshield Network Family Practitioner. You have to be referred by your nominated Medshield Network Family Practitioner. A co-payment will apply if members on MediValue Compact use Medical Specialists without referral, pre-authorisation or use non-Network providers.

Networks
Use the relevant Medshield Networks where applicable. MediValue Compact services are subject to Networks and DSPs. These networks and DSPs are available on our online tools eg website and Android or Apple apps, or from the Medshield Contact Centre

Your claims will be covered as follows:

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare protocols.

Treatment and consultations will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Tariff.

Chronic Medicine
Subject to the use of the Chronic Medicine Courier Designated Service Provider (DSP).

Medshield Private Tariff (up to 200%) will apply to the following services:

- Confinement by a registered Midwife.

ONLINE SERVICES

It has now become even easier to manage your healthcare! Access to real-time, online software applications allow members to access their medical aid information anywhere and at any time.

1. The Medshield Login Zone on www.medshield.co.za
2. The Medshield Apps: Medshield's Apple IOS app and Android app are available for download from the relevant app store
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131

Use these channels to view

- Membership details through digital membership card
- Medical Aid Statements
- Track your claims through claims checker
- Hospital pre-authorisation
- Personalised communication
- Tax certificate
- Search for healthcare professionals

The application of co-payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology	**8% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital	**25% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital - Mental Health	**25% upfront** co-payment
Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	**25% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary use of a non-DSP for chronic medication	**40% upfront** co-payment
Voluntarily obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-ICON provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-DSP or non-Medshield Pharmacy Network	**40% upfront** co-payment
Specialist Consultations - No referral obtained	**40% upfront** co-payment
In-Hospital Procedural upfront co-payments	
Endoscopic Procedures (Refer to **Addendum B**)	**R2 000 upfront** co-payment
Functional Nasal surgery	**R2 000 upfront** co-payment
Hernia Repair (except in infants)	**R3 000 upfront** co-payment
Laparoscopic procedures	**R4 000 upfront** co-payment
Arthroscopic procedures	**R4 000 upfront** co-payment
Wisdom Teeth	**R4 000 upfront** co-payment
Nissen Fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

GAP Cover

Gap Cover assists in paying for certain shortfalls not covered by the Scheme based on Scheme Rules.
Assistance is dependent on the type of Gap Cover chosen. Medshield members can access Gap Cover through their Brokers.

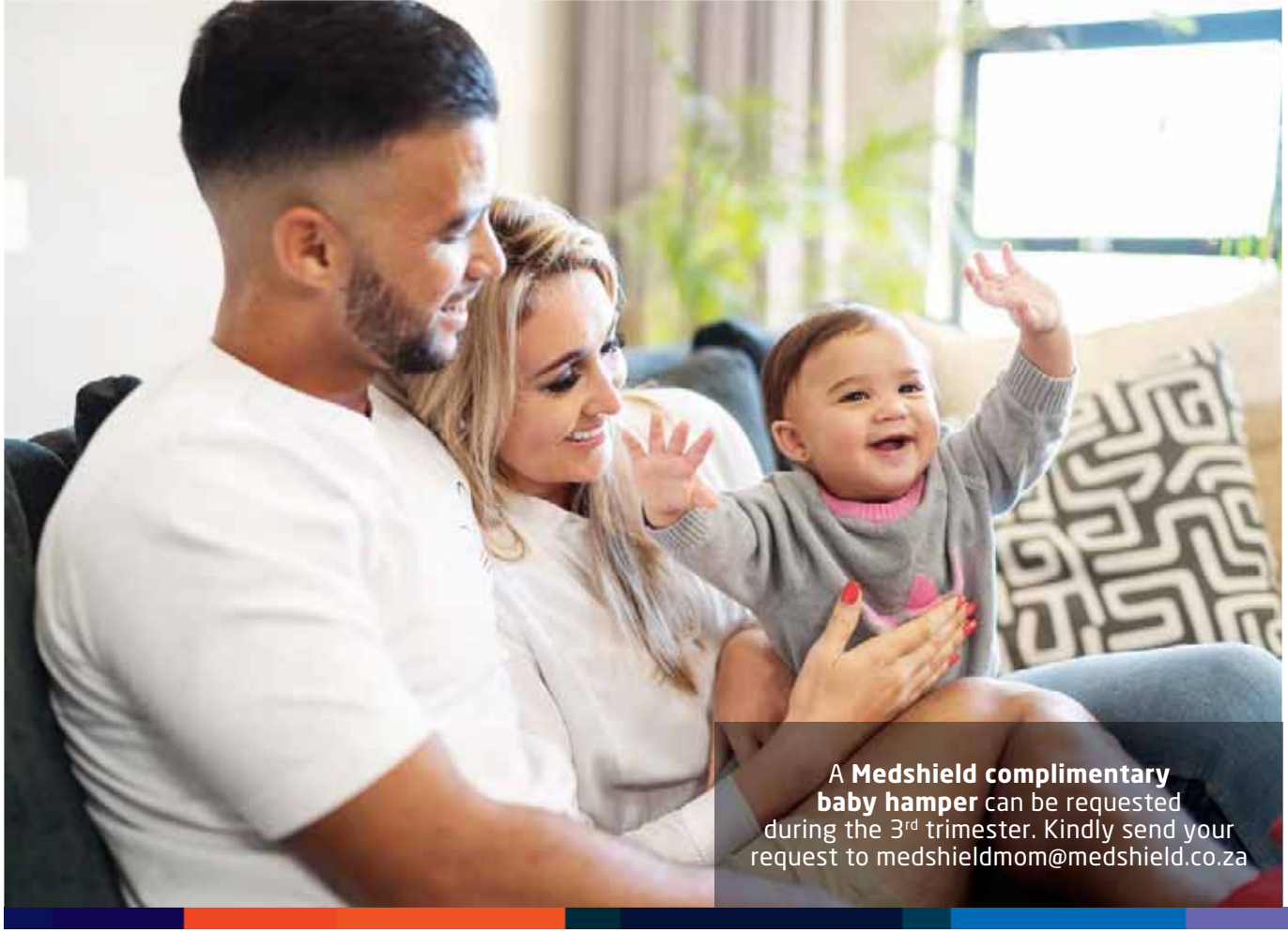
MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.** The use of the Prime Hospital Network applies.	**Unlimited.** The use of the Compact Hospital Network applies.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Clinical Protocols apply.**	**Unlimited.** Specialist services from treating/ attending specialists are subject to pre-authorisation. The use of the Prime Hospital Network applies.	**Unlimited.** Specialist services from treating/ attending specialists are subject to pre-authorisation. The use of the Compact Hospital Network applies.
SURGICAL PROCEDURES As part of an authorised event.	**Unlimited.**	**Unlimited.**
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R400** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.	Limited to **R400** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Includes the following:** • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R28 000** per family per annum. **R11 650** per family per annum. Subject to the Alternatives to Hospitalisation Limit.	**R28 000** per family per annum. **R11 650** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Hiring or buying of Appliances, External Accessories and Orthotics:** • **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required) • **Hearing Aids** (including repairs) • **Wheelchairs** (including repairs) • **Stoma Products and Incontinence Sheets related to Stoma Therapy** • **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	**R2 500** per family per annum. **R750** per beneficiary per annum. Subject to Appliance Limit. Subject to Appliance Limit. Subject to Appliance Limit. Unlimited if pre-authorised. Subject to Appliance Limit.	**R2 500** per family per annum. **R750** per beneficiary per annum. Subject to Appliance Limit. Subject to Appliance Limit. Subject to Appliance Limit. Unlimited if pre-authorised. Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.** The use of the Prime Hospital Network applies.	**Unlimited.** The use of the Compact Hospital Network applies.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	**Unlimited.**	**Unlimited.**
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. **Includes the following:** • **Diagnostic Polysomnograms** • **CPAP Titration** **Clinical Protocols apply.**	 **Unlimited.** **Unlimited.**	 **Unlimited.** **Unlimited.**
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Medshield Network Hospital. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Medshield Network Hospital. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.** Preferred Provider Network will apply.	**Unlimited.**	**Unlimited.**
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	**R2 500** per beneficiary per annum. Thereafter subject to Day-to-Day Limits.	**R2 500** per beneficiary per annum. Thereafter subject to Day-to-Day Limits.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.	Unlimited subject to PMB and PMB level of care. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Services must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Including Ocular Prosthesis.** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R8 850** per family per annum. **8% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. **Unlimited.**	**R8 850** per family per annum. **8% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. **Unlimited.**
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following:** **Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB.	Unlimited subject to PMB and PMB level of care. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB.
NON SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	**Unlimited.**	**Unlimited.**
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the relevant Hospital Network. The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Prime Network Hospital. DSP applicable from Rand one for PMB admissions. Unlimited subject to PMB and PMB level of care. Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Compact Network Hospital. DSP applicable from Rand one for PMB admissions. Unlimited subject to PMB and PMB level of care. Unlimited subject to PMB and PMB level of care.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **Anti-retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.
BREAST RECONSTRUCTION (following an Oncology event) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. **Post Mastectomy** (including all stages). **Clinical Protocols apply.**	**R80 000** per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.	**R80 000** per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.



MATERNITY Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	**6 Antenatal** consultations per pregnancy.	**6 Antenatal** consultations per pregnancy.
ANTENATAL CLASSES	**R500** per family.	**R500** per family.
PREGNANCY RELATED SCANS AND TESTS	**Limited to the following:** **Two** 2D Scans per pregnancy. **1 Amniocentesis** per pregnancy.	**Limited to the following:** **Two** 2D Scans per pregnancy. **1 Amniocentesis** per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the relevant Hospital Network. The use of the Medshield Specialist Network may apply.		
• **Confinement in hospital** • **Delivery by a Family Practitioner or Medical Specialist** • **Confinement in a registered birthing unit or out of hospital**	**Unlimited.** **Unlimited.** **Unlimited.** Use of the Prime Hospital Network applies.	**Unlimited.** **Unlimited.** **Unlimited.** Use of the Compact Hospital Network applies.
- Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.	**4 Postnatal** consultations per pregnancy.
- Delivery by a registered Midwife or a Practitioner	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.
- Hire of water bath and oxygen cylinder	**Unlimited.**	**Unlimited.**
Clinical Protocols apply.		

ONCOLOGY Benefits

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).
You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Standard** Protocols apply.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Oncology Medicine**	Subject to Oncology Limit. **ICON Standard** Protocols apply.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.	Subject to Oncology Limit.
• **PET and PET-CT** Limited to **1 Scan** per family per annum.	Subject to Oncology Limit.	Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**6 visits** per family per annum. Subject to Oncology Limit.	**6 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation on 086 000 2121 or (+27 11 671 2011).	Subject to Oncology Limit.	Subject to Oncology Limit.
• **Macular Degeneration** **Clinical Protocols apply.**	**R40 000** per family per annum.	**R40 000** per family per annum.

CHRONIC MEDICINE Benefits

Covers expenses for specified chronic diseases which require ongoing, long-term or continuous medical treatment.

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**.

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Medication needs to be obtained from a Medshield Pharmacy Network Provider.

40% Upfront co-payment
will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Formulary PMB medication voluntarily obtained from a provider other than the Designated Service Provider (DSP).

This option covers medicine for all 26 PMB CDLs.

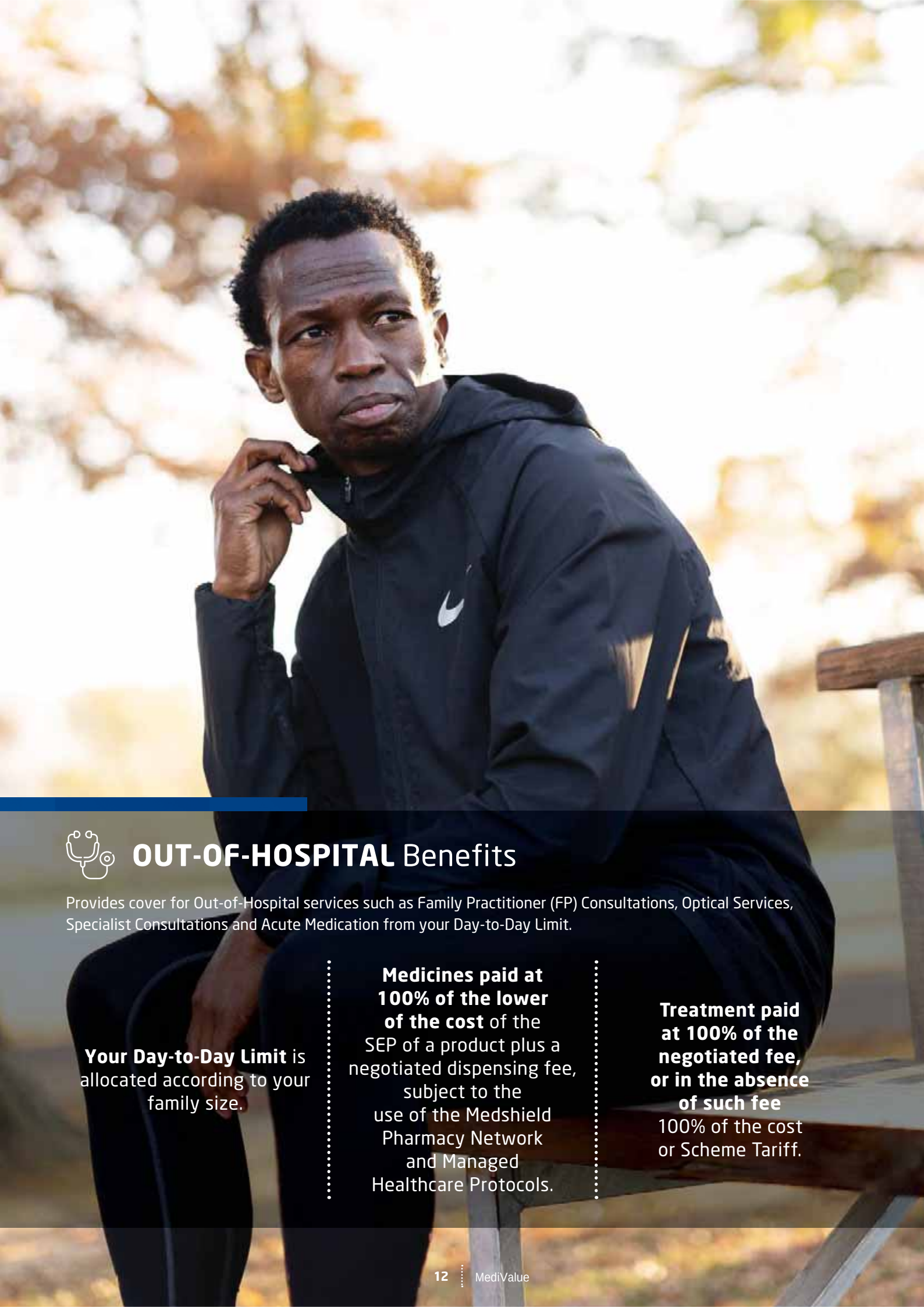
Re-imbursement at Maximum Generic Price
or Medicine Price List and Medicine Formularies.
Levies and co-payments to apply where relevant.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
• The use of a Chronic Medicine Designated Service Provider (DSP) and Clicks Retail Pharmacies is applicable from Rand one. • Subject to the use of the Designated Courier Service Provider (DSP) • The use of medication is limited to **one month** in advance.	Limited to PMB only. Medicines will be approved in line with the Medshield **Formulary** and is applicable form Rand one.	Limited to PMB only. Medicines will be approved in line with the Medshield **Formulary** and is applicable form Rand one.

DENTISTRY Benefits

Provides cover for Dental Services according to the Dental Managed Healthcare Programme and Protocols.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
BASIC DENTISTRY • **In-Hospital** (only for beneficiaries under the age of 6 years old). Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the Medshield Hospital Network.	**R1 600** per family per annum. Subject to the Basic Dentistry Limit. Thereafter subject to Day-to-Day Limit.	**R1 600** per family per annum. Subject to the Basic Dentistry Limit. Thereafter subject to Day-to-Day Limit. The use of the Compact Dental Network applies.
• **Out-of-Hospital** According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Plastic Dentures subject to pre-authorisation. Failure to obtain an authorisation prior to treatment, will result in a **20% penalty**.	Subject to the Basic Dentistry Limit. Thereafter subject to Day-to-Day Limit.	Subject to the Basic Dentistry Limit. Thereafter subject to Day-to-Day Limit.
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the Medshield Hospital Network.	**R5 870** per family per annum.	**R5 870** per family per annum.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth - Services must be obtained from the Medshield Hospital Network. Apicectomy only covered in the Practitioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **R4 000 upfront co-payment** applies if procedure is done In-Hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.	Subject to the Specialised Dentistry Limit. **R4 000 upfront co-payment** applies if procedure is done In-Hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.
• **Dental Implants** Includes all services related to Implants. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.	Subject to the Specialised Dentistry Limit.
• **Orthodontic Treatment** Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.	Subject to the Specialised Dentistry Limit.
• **Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics** Consultations, Visits and Treatment for all such dentistry including the Technicians' Fees. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit. The use of the Compact Dental Network applies.
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply.	**R6 700** per family per annum.	**R6 700** per family per annum.



OUT-OF-HOSPITAL Benefits

Provides cover for Out-of-Hospital services such as Family Practitioner (FP) Consultations, Optical Services, Specialist Consultations and Acute Medication from your Day-to-Day Limit.

Your Day-to-Day Limit is allocated according to your family size.

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare Protocols.

Treatment paid at 100% of the negotiated fee, or in the absence of such fee 100% of the cost or Scheme Tariff.

DAY-TO-DAY Benefits

The following services are paid from your Day-to-Day Limit, unless a specific sub-limit is stated all services accumulate to the Overall Annual Limit.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
DAY-TO-DAY LIMIT Subject to Day-to-Day Limit for your nominated Family Practitioner (FP). Each beneficiary must nominate a Family Practitioner (FP) from the Medshield FP Network to the maximum of two Family Practitioners per beneficiary.	**Limited to the following:** **M = R5 380** **M+1 = R6 390** **M+2 = R7 190** **M+3 = R8 360** **M4+ = R9 270**	**Limited to the following:** **M = R5 380** **M+1 = R6 390** **M+2 = R7 190** **M+3 = R8 360** **M4+ = R9 270**
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - PRIVATE NURSE PRACTITIONERS The use of the SmartCare Network compulsory from Rand one.	**Unlimited.**	**Unlimited.**
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - NURSE-LED VIDEOMED GENERAL PRACTITIONERS (GP) Subject to the use of the SmartCare Videomed GP Network.	**1 visit** per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.	**1 visit** per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.
FAMILY PRACTITIONER CONSULTATIONS AND VISITS Each beneficiary must nominate a Family Practitioner (FP). from the Medshield FP Network to a maximum of two Family Practitioners per beneficiary. The Medshield FP Network is applicable from Rand one on MediValue Compact, subject to Day-to-Day Limit.	Subject to Day-to-Day Limit for your nominated Family Practitioner.	Subject to Day-to-Day Limit for your nominated Family Practitioner.
NON-NOMINATED FAMILY PRACTITIONER (When you have not consulted your nominated FP)	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
ADDITIONAL FAMILY PRACTITIONER CONSULTATIONS AND VISITS TO YOUR NOMINATED PROVIDER (only when your Day-to-Day Limit has been exhausted).	**2 visits** per family. Subject to the Medshield FP Network and visit must be to the nominated Family Practitioner (FP).	**2 visits** per family. Subject to the Medshield FP Network and visit must be to the nominated Family Practitioner (FP).
MEDICAL SPECIALIST CONSULTATIONS AND VISITS Subject to pre-authorisation. The use of the Medshield Specialist Network may apply.	**2 visits** per family per annum. Thereafter subject to Day-to-Day Limit.	**2 visits** per family subject to the referral authorisation by the nominated Network FP. Limited to and included in the Overall Annual Limit. Thereafter limited to the Day-to-Day Limit. No referral will result in a **40% co-payment**.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL • **Acute medicine** Medshield Medicine Pricing and Formularies apply. • **Pharmacy Advised Therapy (PAT)**	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. Limited to **R220** per script.	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. Limited to **R220** per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols. • **Optometric refraction** (eye test) • **Spectacles OR Contact Lenses:** Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses • **Frames and/or Lens Enhancements** • **Readers:** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a registered Pharmacy	**1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by an Optical Service Date Cycle. Starting 1 January 2019. Subject to Overall Annual Limit. **1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit. Subject to Optical Limit. **R550** per beneficiary limited to and included in the Optical Limit. **R160** per beneficiary per annum. Subject to Overall Annual Limit.	Subject to the use of the Compact Optical Network. **1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by an Optical Service Date Cycle. Subject to Overall Annual Limit. **1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit. Subject to Optical Limit. **R550** per beneficiary limited to and included in the Optical Limit. **R160** per beneficiary per annum. Subject to Overall Annual Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
GENERAL RADIOLOGY Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)	Limited to and included in Specialised Radiology limit of **R8 850** per family per annum. **8% upfront co-payment** for non-PMB.	Limited to and included in Specialised Radiology limit of **R8 850** per family per annum. **8% upfront co-payment** for non-PMB.

The following tests are covered under the Health Risk Assessment

- Cholesterol
- Blood Glucose
- Blood Pressure
- Body Mass Index (BMI)

Child immunisation

Through the following providers:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- SmartCare Network

Health Risk Assessments

Can be obtained from:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- Medshield Corporate Wellness Days
- SmartCare Network

DAY-TO-DAY Benefits

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply. • **Non-Surgical Procedures** • **Procedures and Tests in Practitioners' rooms** • **Routine diagnostic Endoscopic Procedures in Practitioners' rooms**	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. **Unlimited.** **Refer to Addendum B** for a list of services. **Unlimited. Refer to the Addendum B** for the list of services.	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit. **Unlimited.** **Refer to Addendum B** for a list of services. **Unlimited. Refer to the Addendum B** for the list of services.
MENTAL HEALTH Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	Limited to and included in the Day-to-Day Limit.	Limited to and included in the Day-to-Day Limit.
MIRENA DEVICE Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the **4 year** clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms. **On application only.**	**1 per female** beneficiary. Subject to the Overall Annual Limit.	**1 per female** beneficiary. Subject to the Overall Annual Limit.
ADDITIONAL MEDICAL SERVICES Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
ALTERNATIVE HEALTHCARE SERVICES Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.

WELLNESS Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures.
At Medshield we encourage members to have the necessary tests done at least once a year.

Unless otherwise specified subject to Overall Annual Limit, thereafter subject to the Day-to-Day Limit, excluding consultations for the following services:

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R95**.	**1 per beneficiary 18+ years** old to a maximum of **R95**.
Pap Smear	**1 per female** beneficiary.	**1 per female** beneficiary.
Bone Density (for Osteoporosis and bone fragmentation)	**1 per beneficiary 50+ years** old **every 3 years**.	**1 per beneficiary 50+ years** old **every 3 years**.
Health Risk Assessment (Pharmacy or FP)	**1 per beneficiary 18+ years** old per annum.	**1 per beneficiary 18+ years** old per annum.
TB Test	**1 test** per beneficiary.	**1 test** per beneficiary.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.	**1 test** per beneficiary.
Mammogram (Breast Screening)	**1 per female** beneficiary **40+ years** old **every 2 years**.	**1 per female** beneficiary **40+ years** old **every 2 years**.
Pneumococcal Vaccination	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R170**. Limited to the Scheme's Contraceptive formularies and protocols.	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R170**. Limited to the Scheme's Contraceptive formularies and protocols.
Adult Vaccination	**R380** per family per annum.	**R380** per family per annum.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary, **9 - 13 years old**. Subject to qualifying criteria.	**1 course of 2 injections per female** beneficiary, **9 - 13 years old**. Subject to qualifying criteria.
Child Immunisations	Immunisation programme as per the Department of Health Protocol and specific age groups.	Immunisation programme as per the Department of Health Protocol and specific age groups.

WELLNESS Benefits

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
At Birth: Tuberculosis (BCG) and Polio OPV(0).		
At 6 Weeks: Rotavirus RV(1), Polio OPV(1), Pneumococcal PVC (1), DTaP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-HBV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 6 Months: Measles MV(1).		
At 9 Months: Pneumococcal PVC (3), Chickenpox CP.		
At 12 Months: Measles MV(2).		
At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HBV (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 6 Years: Tetanus and Diphtheria (Td).		
At 12 Years: Tetanus and Diphtheria (Td).		

AMBULANCE Services

You and your registered dependants will have access to a 24 hour Helpline. Call the Ambulance and Emergency Services provider on 086 100 6337.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

Emergency medical response by road or air to scene of an emergency incident

Transfer from scene to the closest, most appropriate **facility for stabilisation and definitive care**

Medically justified transfers to special care centres or inter-facility transfers

MONTHLY Contributions

MediValue OPTION	PRIME	COMPACT
Principal Member	R2 103	R1 902
Adult Dependant	R1 836	R1 662
Child*	R591	R534

**Contribution rate is applicable to the member's first, second and third biological or legally adopted children only, excluding students.*

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.
- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.

5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

PRESCRIBED Minimum Benefits (PMB)

All members of Medshield Medical Scheme are entitled to a range of guaranteed benefits; these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

PMBs are minimum benefits given to a member for a specific condition to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification of Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 2120 (+27 10 597 4701) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. **These are known as ambulatory PMB Care templates**.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Day-to-Day benefits at the same time.

DIRECTORY of Medshield MediValue Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** pmbcaretemplates@medshield.co.za
Diabetes Management Programme	CDE	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the boarders of South Africa **Facsimile:** +27 10 597 4706 **email:** member@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside of the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

COMPLAINTS Escalation Process

In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.

In the event of a routine complaint, you may call Medshield at 086 000 2120 and request to speak to the respective Manager or the Operations Manager.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective Manager and Operations Manager. The complaint will be dealt with in line with our complaints escalation procedure in order to ensure fair and timeous resolution.

MEDSHIELD Banking Details

Bank: Nedbank | **Branch:** Rivonia | **Branch code:** 196905 | **Account number:** 1969125969

FRAUD

Fraud presents a significant risk to the Scheme and members. The dishonesty of a few individuals may negatively impact the Scheme and distort the principles and trust that exist between the Scheme and its stakeholders. Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the Scheme. Fraud prevention and control is the responsibility of all Medshield members and service providers so if you suspect someone of committing fraud, report it to us immediately.

Hotline: 0800 112 811
email: fraud@medshield.co.za

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:

Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

Breast fine needle biopsy	Prostate needle biopsy
Vasectomy	Circumcision
Excision Pterygium with or without graft	Excision wedge ingrown toenail skin of nail fold
Excision ganglion wrist	Drainage skin abscess/curbuncle/whitlow/cyst
Excision of non-malignant lesions less than 2cm	

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)

Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

EXCLUSIONS

Alternative Healthcare Practitioners

Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics

Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)(unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopeadic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products

Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely aneamic patients.

Dentistry

Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention

Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
Dental bleaching;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations

Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions

Root canal therapy on primary (milk) teeth;
Direct and indirect pulp capping procedures.

Plastic Dentures/Snoring Appliances/Mouth guards

Diagnostic dentures and the associated laboratory costs;
Snoring appliances and the associated laboratory costs;
The laboratory cost associated with mouth guards (The clinical fee will be covered at the Medshield Dental Tariff where managed care protocols apply);
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Partial Metal Frame Dentures

Metal base to full dentures, including the laboratory cost;
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Crown and Bridge

Crown and crown retainers on wisdom teeth (3rd molars);
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

Implants

Dolder bars and associated abutments on implants' including the laboratory cost;
Laboratory delivery fees.

Orthodontics

Orthodontic treatment for cosmetic reasons and associated laboratory costs;
Orthodontic treatment for a member or dependant younger than 9 and older than 18 years of age;
Orthodontic re-treatment and the associated laboratory costs;
Cost of invisible retainer material;
Laboratory delivery fees.

Periodontics

Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth for cosmetic reasons;
Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology

The auto-transplantation of teeth;
Sinus lift procedures;
The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);
Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)

Where the reason for admission to hospital is dental fear or anxiety;
Multiple hospital admissions;
Where the only reason for admission to hospital is to acquire a sterile facility;
The cost of dental materials for procedures performed under general anaesthesia.
The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;
Professional oral hygiene procedures;
Implantology and associated surgical procedures;
Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions

Special reports;
Dental testimony, including dentolegal fees;
Behaviour management;
Intramuscular and subcutaneous injections;
Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
Appointments not kept;
Treatment plan completed (code 8120);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation

If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable
Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);
Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;
Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;
Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider.

Infertility

Medical and surgical treatment , which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M;
Vasovasostomy (reversal of vasectomy);
Salpingostomy (reversal of tubal ligation).

Maternity

3D and 4D scans (unless PMB level of care, then DSP applies);
Caesarean Section unless clinically appropriate;
Pregnancy in the first 12 months of membership unless declared and appropriately underwritten.

Medicine and Injection Material

Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;
Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;
Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;
The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:
Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);
Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);

Protein C inhibitors such as Xigris, for septic shock and septicaemia (unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;
Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;
Medicines defined as exclusions by the relevant Managed Healthcare Programme;
Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
Medicines not authorised by the relevant Managed Healthcare Programme;
Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
Slimming preparations for obesity;
Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:

- Infants and pregnant mothers;
- Malabsorption disorders;
- HIV positive patients registered on the relevant Managed Healthcare Programme.

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;
Diagnostic agents, unless authorised and PMB level of care;
Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
Erythropoietin, unless PMB level of care;
Medicines used specifically to treat alchohol and drug addiction.
Pre-authorisation required (unless PMB level of care, DSP applies);
Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
Nappies and waterproof underwear;
Oral contraception for skin conditions, parentaral and foams.

Mental Health

Sleep therapy, unless provided for in the relevant benefit option.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Opthalmology);
Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pairs (DTP) 277S and specific conditions pre-authorised by the relevant Managed Healthcare Programme and at a specific DSP;
Healthcare services (including scans and scopes) that should be done out of hospital and for which an admission to hospital is not necessary.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;
Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;
Exclusions as per the Schemes Optical Management Programme.

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;
Allergy and Vitamin D testing in hospital;
Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;
Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Peripheral vascular stents, unless Prescribed Minimum Benefits level of

care (DSP applies);
TAVI procedure - transcatheter aortic-valve implantation. The procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);
Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);
Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the practitioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);
Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;
PET (Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);
Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;
CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);
MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols;

SmartCare Clinics - Private Nurse Practitioner

No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty;
Joint replacement (including but not limited to hips, knees, shoulders and elbows), unless Prescribed Minimum Benefits level of care;
Back and Neck surgery (unless PMB level of care, DSP applies);

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accomodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Telephone consultations;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

MEDSHIELD
medical scheme

Medshield Head Office

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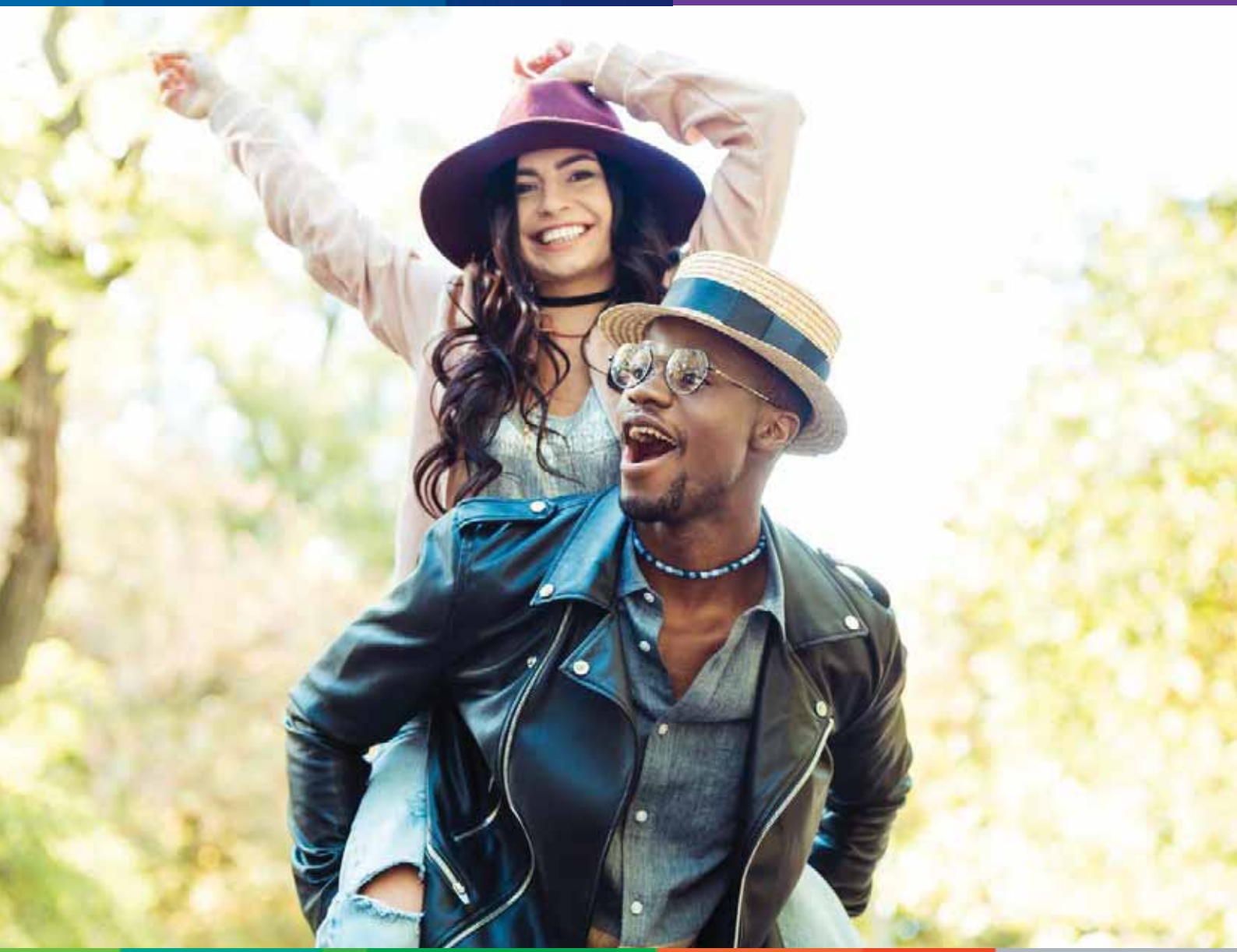
MediCurve

2020 BENEFIT GUIDE



SEPTEMBER 2019

Benefit adjustments are pending CMS approval.

MEDSHIELD
medical scheme

MediCurve

MediCurve Contents

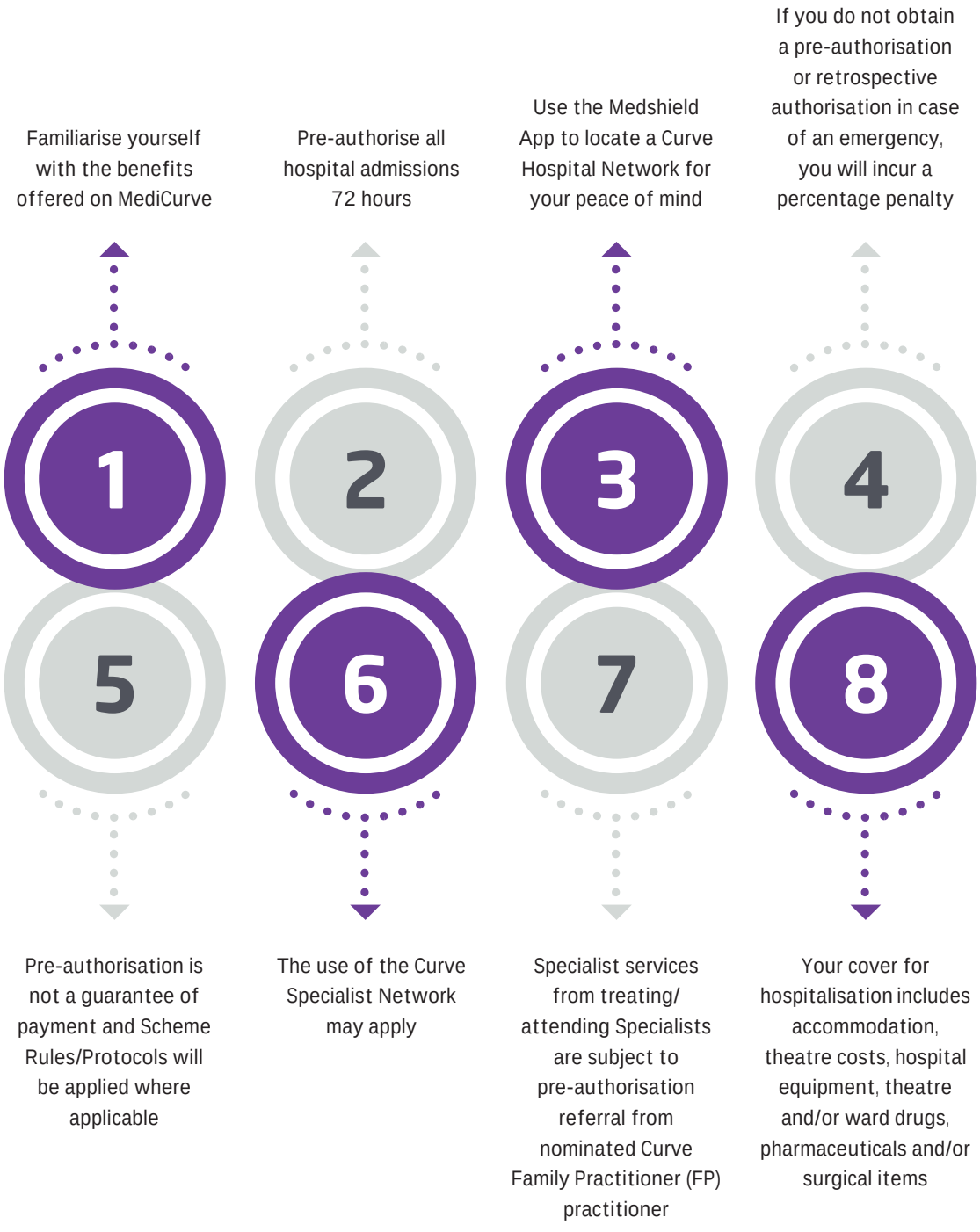
This is an overview of the benefits offered on the **MediCurve** option:

MediCurve Benefit Option

You never know when you or your family member/s may require medical care or treatment and, most importantly, whether you will have funds readily available to cover the costs. **MediCurve** provides the young and healthy with first time medical cover that fits perfectly into their lifestyle.

Information members should take note of:

Carefully read through this guide and use it as a reference for more information on what is covered, the benefit limits, and the rate at which the services will be covered:



Your claims will be covered as follows:

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Compact Chronic DSP and Managed Healthcare protocols.

Treatment and consultations will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Tariff.

ONLINE SERVICES

It has now become even easier to manage your healthcare! Access to real-time, online software applications allow members to access their medical aid information anywhere and at any time.

1. The Medshield Login Zone on www.medshield.co.za
2. The Medshield Apps: Medshield's Apple IOS app and Android app are available for download from the relevant app store
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131

Use these channels to view

- Membership details through digital membership card
- Medical Aid Statements
- Track your claims through claims checker
- Hospital pre-authorisation
- Personalised communication
- Tax certificate
- Search for healthcare professionals

The application of co-payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology	**10% upfront** co-payment
Voluntary use of a non-Curve Network Hospital	**25% upfront** co-payment
Voluntary use of a non-Curve Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	**25% upfront** co-payment
Voluntary use of a non-Curve Network Hospital - Mental Health	**25% upfront** co-payment
Voluntary use of a non-DSP for chronic medication	**40% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-Icon provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-DSP or non-Curve Network Pharmacy	**40% upfront** co-payment
Voluntary use of a non-Curve Family Practitioner	**40% upfront** co-payment
Not obtaining a referral for Medical Specialists consultations	**40% upfront** co-payment
Dental Consultations	**R150 upfront** co-payment
Optical Test	**R100 upfront** co-payment
Optical Spectacles	**R100 upfront** co-payment
Practitioner consultations and visits	**R100 upfront** co-payment
Medicines and Injections material	**R10 upfront** co-payment
Endoscopic Procedures (Refer to **Addendum B**)	**R2 000 upfront** co-payment
Functional Nasal Surgery	**R2 000 upfront** co-payment
Hernia Repair (except in infants)	**R3 000 upfront** co-payment
Laparoscopic procedures	**R4 000 upfront** co-payment
Arthroscopic procedures	**R4 000 upfront** co-payment
Oral Surgery	**R4 000 upfront** co-payment
Maxillo-facial Surgery	**R4 000 upfront** co-payment
Wisdom Teeth	**R4 000 upfront** co-payment
Nissen fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

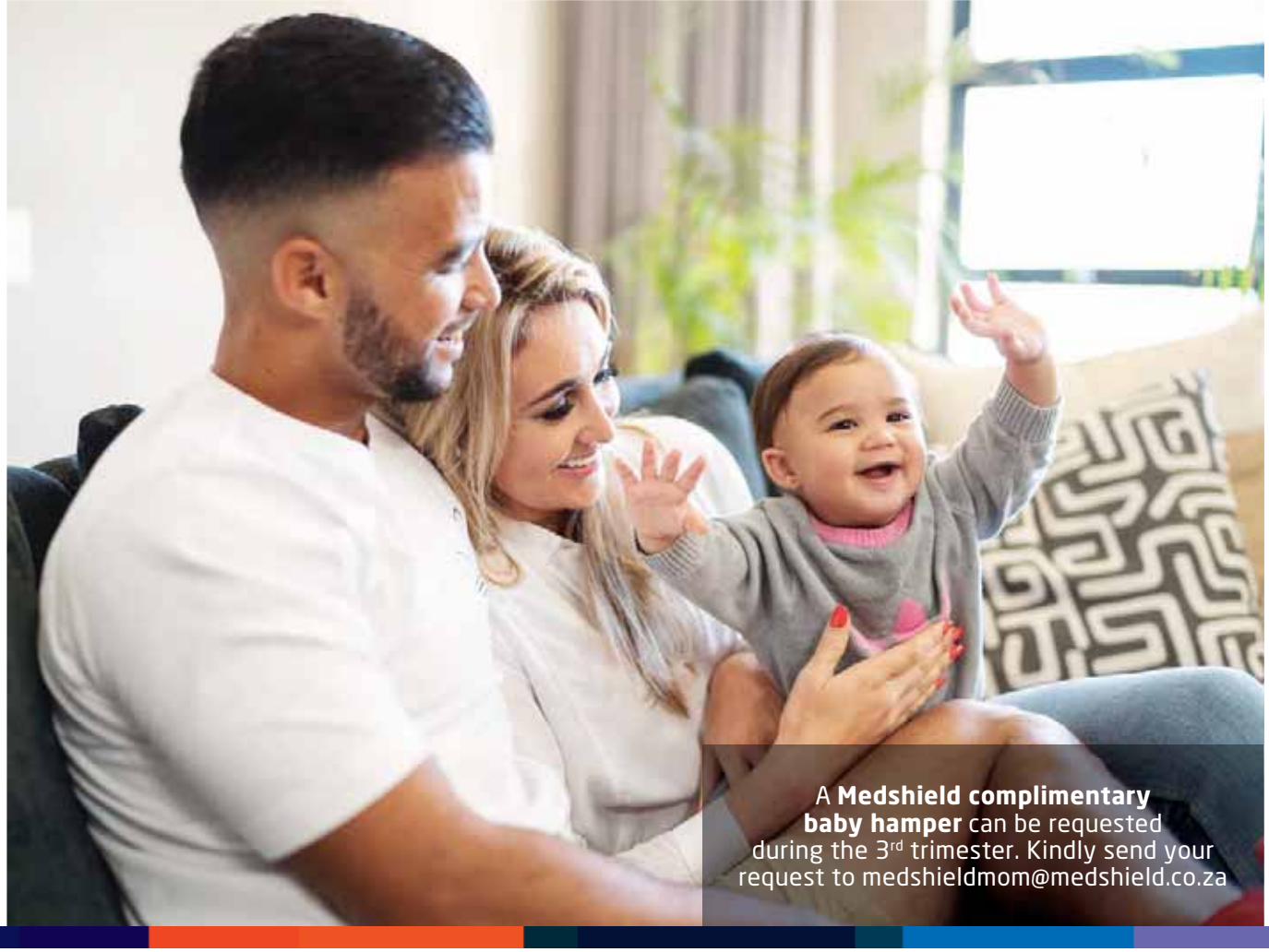
GAP COVER

Gap Cover assists in paying for certain shortfalls not covered by the Scheme based on Scheme Rules.
Assistance is dependent on the type of Gap Cover chosen. Medshield members can access Gap Cover through their Brokers.

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.**
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Curve Hospital Network. • **Prescribed Minimum Benefits (PMB)** • **Non-PMB** **Clinical Protocols apply.**	Specialist services from treating/attending Specialists are subject to pre-authorisation. **Unlimited** **25% co-payment will apply** for the use of a non-Curve Network Hospital.
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the Hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R400** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Includes the following:** • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R28 000** per family, subject to PMB and PMB level of care. **25% co-payment will apply** for the use of a non-Curve Network Hospital.
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	**Unlimited.**
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	**Unlimited.** subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Curve Network Hospital. Organ harvesting is limited to the Republic of South Africa Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. Pathology Formulary applies. **Clinical Protocols apply.**	**Unlimited.**
PHYSIOTHERAPY As part of an authorised event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	**R2 500** per beneficiary per annum.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from MediCurve Hospital Network. Preferred Provider Network will apply.	**Unlimited** subject to PMB and PMB level of care. Use of a DSP applicable from Rand one. **25% co-payment** for the use of a non-Curve Network Hospital.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PROSTHESIS EXTERNAL Services must be pre-approved or pre-authorised by the Scheme on 086 000 2121 (+27 11 671 2011) and must be obtained from the DSP, Network Provider or Preferred Provider. **Clinical Protocols apply.**	**Unlimited** subject to PMB and PMB level of care.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited** subject to Radiology Formulary..
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R5 000** per family per annum. **10% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. **Unlimited.**
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	**Unlimited.** subject to PMB and PMB level of care. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB admission.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Curve Specialist Network may apply.	**Unlimited.**
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Curve Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	**Unlimited.** subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-Curve Network Hospital. Use of a DSP applicable from Rand one for PMB admission. Subject to PMB and PMB level of care. Subject to PMB and PMB level of care.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **Anti-retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	As per Managed Healthcare Protocols. Out of formulary medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.** Courier DSP applies from Rand one.
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of Medshield Specialist Network may apply.. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.
BREAST RECONSTRUCTION (following an Oncology event) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. **Post Mastectomy** (including all stages) **Clinical Protocols apply.**	**R80 000** per family per annum. Co-payments and prosthesis limit as stated under Prosthesis is not applicable to Breast Reconstruction.



MATERNITY Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ANTENATAL CONSULTATIONS The use of the Curve Specialist Network may apply. FP referral not required.	**6 Antenatal** consultations per pregnancy.
PREGNANCY RELATED SCANS AND TESTS	**Limited to the following:** **Two** 2D Scans per pregnancy. **1 Amniocentesis** per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 671 2011) and services must be obtained from the Curve Network. The use of the Curve Specialist Network may apply.	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use on a non-DSP. Use of a DSP applicable from Rand one for PMB admission.
• **Confinement in hospital**	**Unlimited.**
• **Delivery by a Family Practitioner or Medical Specialist** • **Confinement in a registered birthing unit or out of hospital**	**Unlimited.** **Unlimited.**
- Midwife consultations per pregnancy - Delivery by a registered Midwife or a practitioner - Hire of water bath and oxygen cylinder	**4 Postnatal** consultations per pregnancy. **Unlimited.** **Unlimited.**
Clinical Protocols apply.	

ONCOLOGY Benefits

For easy access to your Oncology benefits:

When diagnosed:
Contact Medshield's Oncology Disease Management team on 086 000 2121 and you will be provided with a list of the ICON Oncology Group practices in your area. Ask you doctor to refer you to one of these Oncologists.

Treatment Plan
Your Oncologist will discuss your treatment plan and send to Medshield for authorisation.

Authorisation:
Once approved Medshield will send authorisation to your ICON Oncologist and you will receive a letter with the authorised treatment, approved quantities and duration of the authorisation.

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).
You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	**Unlimited.** subject to PMB and PMB level of care.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Oncology Medicine**	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.
• **PET and PET-CT**	Limited to **1 Scan** per family per annum. Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**6 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation on 086 000 2121 or (+27 11 671 2011).	Subject to Oncology Limit.
• **Macular Degeneration** **Clinical Protocols apply.**	**R40 000** per family per annum.

CHRONIC MEDICINE Benefits

Covers expenses for specified chronic diseases which require ongoing, long-term or continuous medical treatment.

1 REGISTER
Your Doctor or Pharmacist should call Chronic Medicine Management on 086 000 2120 (Choose relevant option) or email: medshieldauths@mediscor.co.za

2 EVALUATION
Your medicine will be evaluated in line with the Scheme Rule, Formularies and protocols.

3 NOTIFICATION
Your will receive notification once registered. If more information is required please ensure your doctor provides the required clinical information.

4 SCRIPT
You will need a script from your doctor for the approved medicine.

5 DSP PHARMACY
Collect your medicine from the Compact Chronic Designated Service Provider Pharmacy. List is available via online tools.

DO

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Always remember that Medication needs to be obtained from a Curve Designated Service Provider (DSP).

DON'T

40% Upfront co-payment will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Medication voluntarily obtained from a non-Compact Pharmacy Network Provider.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
• The use of a Compact Pharmacy Network Provider is applicable from Rand one. • Supply of medication is limited to **one month** in advance.	Limited to PMB only. Medicine will be approved in line with the Curve **Restrictive Formulary**. **40% upfront co-payment** for voluntary use of a non-Compact Pharmacy Network Provider.

DENTISTRY Benefits

Provides cover for Dental Services according to the Dental Managed Healthcare Programme and Protocols.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY According to the Dental Managed Healthcare Programme. Protocols and the Medshield Dental Network	**1** Dental examination with **R150 upfront co-payment** per beneficiary.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth - Services must be obtained from the Curve Hospital Network. Apicectomy only covered in the Practioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Curve Dental Network.	Subject to Overall Annual Limit. **R4 000 upfront co-payment** applies if procedure is done in hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the Curve Hospital Network. The use of the Medshield Specialist Network may apply.	**R5 000** per family per annum.

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.
- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.

5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

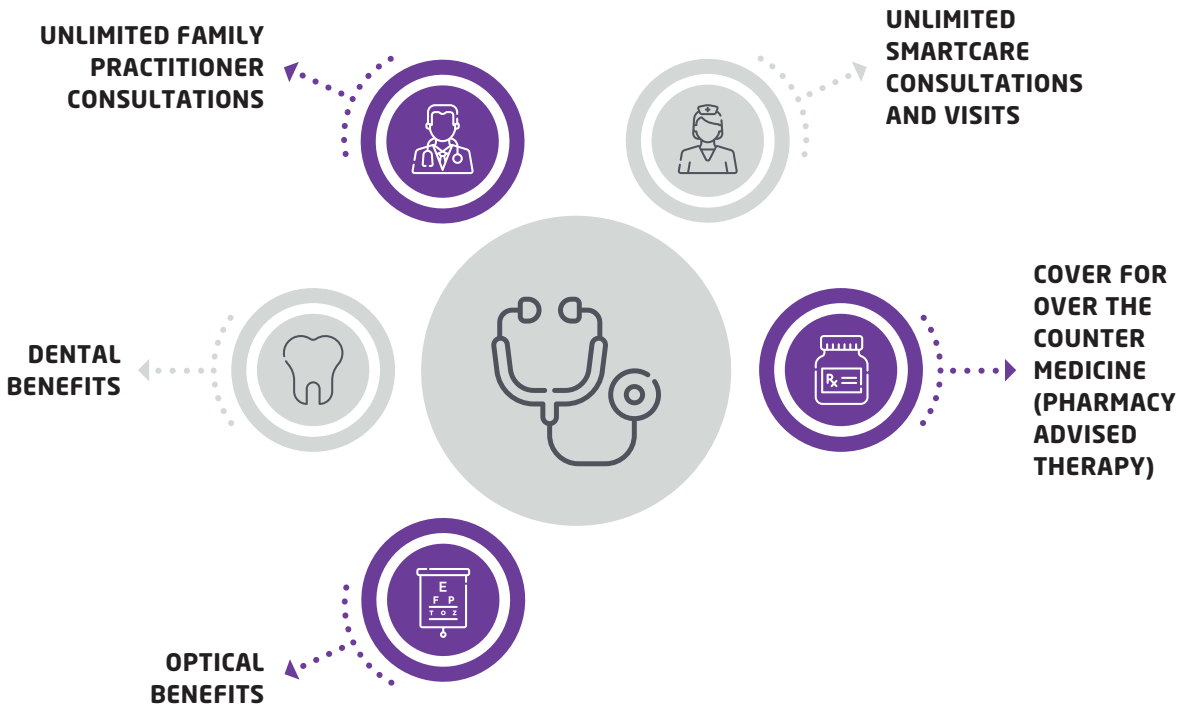
Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

OUT-OF-HOSPITAL Benefits

Simplified Out-of-Hospital services subject to the Overall Annual Limit unless otherwise stated.



BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
FAMILY PRACTITIONER CONSULTATIONS AND VISITS Each beneficiary must nominate ONE Family Practitioner from the Curve Family Practitioner (FP) Network. The Curve FP Network is applicable from Rand one.	**Unlimited.** **R100 upfront co-payment** per visit.
NON-NOMINATED FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS When you have not consulted your nominated FP.	**2** visits per family per annum thereafter **40% upfront co-payment** and **R100** per consultation.
SMARTCARE CONSULTATIONS AND VISITS • **Private Nurse Consultations** • **Nurse led Videomed GP Consultations**	**Unlimited.** Subject to the use of the SmartCare Network compulsory from rand one. Subject to the use of the SmartCare Videomed GP Network.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use on the Medshield Specialist Network may apply.	**1** visit per family per annum. Subject to nominated FP referral. **40% upfront co-payment** will apply for non-referral.
MEDICINES AND INJECTION MATERIAL • **Acute medicine** Must be prescribed by the nominated FP and Medshield formularies apply. Subject to the use of the Medshield Pharmacy Network. • **Pharmacy Advised Therapy (PAT)**	**R500** per family per annum. **R10** upfront co-payment per medicine. **R350** per family. Limited to **R100** per script.

OUT-OF-HOSPITAL Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols.	**R800** per beneficiary every **24 months** determined by optical service date cycle. **R100 upfront co-payment**.
• **Optometric refraction** (eye test)	**1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit **R100 upfront co-payment**.
• **Spectacles OR Contact Lenses:** Single Vision Lenses, Contact Lenses only	Subject to Optical Limit.
• **Readers:** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a registered Pharmacy	**R160** per beneficiary. Subject to Optical Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to PMB.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)	Limited **R5 000** in and out of hospital per family per annum. **10% upfront co-payment** for non-PMB.

WELLNESS Benefits

Take Charge - Wellness benefits are preventative benefits design to put you in control of health by allowing you to make the call to go for pre-testing and vaccination.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years old.**
Pap Smear	**1 per female** beneficiary.
Health Risk Assessment SmartCare Network • **Cholesterol** • **Blood Glucose** • **Blood Pressure** • **Body Mass Index (BMI)**	**1 per beneficiary 18+ years** old per annum.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R150**. Subject to Acute Medicine Benefit. Limited to the Scheme's Contraceptive formularies and protocols.

Log on to the Medshield App for a list of providers near you


MIDSHIELD

AMBULANCE Services

You and your registered dependants will have access to a 24 hour Helpline. Call the Ambulance and Emergency Services provider on 086 100 6337.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. **Clinical Protocols apply.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

Emergency medical response by road or air to scene of an emergency incident

Transfer from scene to the closest, most appropriate **facility for stabilisation and definitive care**

Medically justified transfers to special care centres or inter-facility transfers

MONTHLY Contributions

MEDICURVE OPTION	PREMIUM
Principal Member	**R1 500**
Adult Dependant	**R1 500**
Child	**R1 500**

PRESCRIBED Minimum Benefits (PMB)

All members of **MediCurve** are entitled to a range of guaranteed benefits these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

PMBs are minimum benefits given to a member for a specific condition to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification of Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 2120 (+27 10 597 4701) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. **These are known as ambulatory PMB Care templates**.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Out-of-Hospital benefits at the same time.

DIRECTORY of Medshield MediCurve Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** pmbcaretemplates@medshield.co.za
Diabetes Management Programme	CDE	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the boarders of South Africa **Facsimile:** +27 10 597 4706 **email:** member@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside of the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

COMPLAINTS Escalation Process

In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.

In the event of a routine complaint, you may call Medshield at 086 000 2120 and request to speak to the respective Manager or the Operations Manager.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective Manager and Operations Manager. The complaint will be dealt with in line with our complaints escalation procedure in order to ensure fair and timeous resolution.

MEDSHIELD Banking Details

Bank: Nedbank | **Branch:** Rivonia | **Branch code:** 196905 | **Account number:** 1969125969

FRAUD

Fraud presents a significant risk to the Scheme and members. The dishonesty of a few individuals may negatively impact the Scheme and distort the principles and trust that exist between the Scheme and its stakeholders. Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the Scheme. Fraud prevention and control is the responsibility of all Medshield members and service providers so if you suspect someone of committing fraud, report it to us immediately.

Hotline: 0800 112 811
email: fraud@medshield.co.za

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:

Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)

Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

EXCLUSIONS

Alternative Healthcare Practitioners
Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics
Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)(unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopeadic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products
Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely aneamic patients.

Dentistry
Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention
Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
Dental bleaching;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations
Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions
Root canal therapy on primary (milk) teeth;
Direct and indirect pulp capping procedures.

Plastic Dentures/Snoring Appliances/Mouth guards
Diagnostic dentures and the associated laboratory costs;
Snoring appliances and the associated laboratory costs;
The laboratory cost associated with mouth guards (The clinical fee will be covered at the Medshield Dental Tariff where managed care protocols apply);
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Partial Metal Frame Dentures
Metal base to full dentures, including the laboratory cost;
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Crown and Bridge
Crown and crown retainers on wisdom teeth (3rd molars);
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

Implants
Dolder bars and associated abutments on implants' including the laboratory cost;
Laboratory delivery fees.

Orthodontics
Orthodontic treatment for cosmetic reasons and associated laboratory costs;
Orthodontic treatment for a member or dependant younger than 9 and older than 18 years of age;
Orthodontic re-treatment and the associated laboratory costs;
Cost of invisible retainer material;
Laboratory delivery fees.

Periodontics
Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth for cosmetic reasons;
Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology

The auto-transplantation of teeth;
Sinus lift procedures;
The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);
Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)

Where the reason for admission to hospital is dental fear or anxiety;
Multiple hospital admissions;
Where the only reason for admission to hospital is to acquire a sterile facility;
The cost of dental materials for procedures performed under general anaesthesia.
The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;
Professional oral hygiene procedures;
Implantology and associated surgical procedures;
Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions

Special reports;
Dental testimony, including dentolegal fees;
Behaviour management;
Intramuscular and subcutaneous injections;
Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
Appointments not kept;
Treatment plan completed (code 8120);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised;
General anaesthetics, conscious sedation and hospitalisation for dental work, except in the case of patients under the age of 6 years or with bony impaction of the third molars;

Hospitalisation

If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable
Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);
Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;
Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;
Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider;
Investigations or Work-up unless stipulated

Infertility

Medical and surgical treatment , which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M;
Vasovasostomy (reversal of vasectomy);
Salpingostomy (reversal of tubal ligation).

Maternity

3D and 4D scans (unless PMB level of care, then DSP applies);
Caesarean Section unless clinically appropriate;
Pregnancy in the first 12 months of membership unless declared and appropriately underwritten.

Medicine and Injection Material

Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;
Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;
Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;
The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:
Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);
Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);
Protein C inhibitors such as Xigris, for septic shock and septicaemia (unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;

Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;
Medicines defined as exclusions by the relevant Managed Healthcare Programme;
Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
Medicines not authorised by the relevant Managed Healthcare Programme;
Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
Slimming preparations for obesity;
Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:

- Infants and pregnant mothers;
- Malabsorption disorders;
- HIV positive patients registered on the relevant Managed Healthcare Programme.

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;
Diagnostic agents, unless authorised and PMB level of care;
Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
Erythropoietin, unless PMB level of care;
Medicines used specifically to treat alchohol and drug addiction. Pre-authorisation required (unless PMB level of care, DSP applies);
Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
Nappies and waterproof underwear;
Oral contraception for skin conditions, parentaral and foams.

Mental Health

Sleep therapy, unless provided for in the relevant benefit option.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Opthalmology);
Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pairs (DTP) 277S and specific conditions pre-authorised by the relevant Managed Healthcare Programme and at a specific DSP;
Conservative Back and Neck Treatment;
Nail Disorders;
Investigations and diagnostic work-up;
Healthcare services (including scans and scopes) that should be done out of hospital and for which an admission to hospital is not necessary.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;
Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;
Exclusions as per the Schemes Optical Management Programme.

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;
Allergy and Vitamin D testing in hospital;
Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;
Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Peripheral vascular stents, unless Prescribed Minimum Benefits level of care (DSP applies);
TAVI procedure - transcatheter aortic-valve implantation. The procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);
Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);
Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the prac-

titioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);
Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme;
Internal Nerve Stimulators.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;
PET (Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);
Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;
CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);
MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols;

SmartCare Clinics - Private Nurse Practitioner

No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty;
Breast reductions; Benign Breast Disease;
Keloid surgery, except following severe burn scars on the face and neck, for functional impairment such as contractures and excision of a tattoo (unless PMB level of care, DSP applies); skin disorders (life threatening / non life threatening) including benign growths;
Joint replacement (including but not limited to hips, knees, shoulders and elbows), unless Prescribed Minimum Benefits level of care;
Back and Neck surgery (unless PMB level of care, DSP applies);
Rhizotomies, Kyphoplasties, Vertebroplasties and Facet Pain Blocks, (unless PMB level of care, DSP applies, subject to Managed Care Protocols);
Surgery for oesophageal reflux and hiatus hernia (unless PMB level of care);
Correction of Hallux Vulgus and Bunionectomy;
Endoscopic and Laparoscopic Surgery;
All cosmetic treatment including but not limited to septoplasties, osteotomies and nasal tip surgery functional nasal problems and functional sinus problems;

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accomodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Telephone consultations;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

NOTES

MEDSHIELD
medical scheme

Medshield Head Office

288 Kent Avenue, Cnr of Kent Avenue and Harley Street, Ferndale
email: member@medshield.co.za
Postal Address: PO Box 4346, Randburg, 2125

Medshield Regional Offices

BLOEMFONTEIN
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DURBAN
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email: medshield.durban@medshield.co.za

CAPE TOWN
Podium Level, Block A, The Boulevard, Searle Street, Woodstock
email: medshield.ct@medshield.co.za

MEDSHIELD CONTACT CENTRE
Contact number: 086 000 2120 (+27 10 597 4701)
for members outside the borders of South Africa.
Facsimile: +27 10 597 4706
email: member@medshield.co.za

EAST LONDON
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email: medshield.el@medshield.co.za

PORT ELIZABETH
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email: medshield.pe@medshield.co.za

MediPhila

2020 BENEFIT GUIDE

SEPTEMBER 2019

Benefit adjustments are pending CMS approval.

MEDSHIELD
medical scheme

MediPhila

MediPhila Contents

This is an overview of the benefits offered on the **MediPhila** option:

Major Medical Benefits (In-Hospital)

- Unlimited PMB subject to services being obtained in line with the Scheme's approved protocols
- Specified limit for non-PMB services, obtained in line with the Scheme's approved Rules and Protocols

Out-of-Hospital Benefits

- With a Day-to-Day Limit
- Sub-limits for specified benefits payable from the Overall Annual Limit

Chronic Benefits

- Chronic
- HIV/AIDS
- Oncology

We have programmes specifically designed to assist you if you are diagnosed with a specific disease, including any of the specified 26 Chronic diseases. Our comprehensive programmes will support you with the management of the disease. All you need to do is register on the appropriate programme for full access to the benefits.

Chronic Medicine Benefits

- Delivery of your chronic medicine to your door step
- Medicine must be obtained from the Scheme's Designated Service Provider

Maternity Benefits

- For your first, second or your third, we join you on this exciting path – providing you with a comprehensive maternity benefit and access to quality services during your pregnancy, at birth and post-delivery
- This benefit allows you to focus on your newborn and our new baby welcome pack is sure to enhance your joy!

Wellness Benefits

- Your health is our priority The MediPhila Wellness Benefit allows for early detection and proactive management of your health, subject to the use of a MediPhila Family Practitioner (FP) Network Provider or a MediPhila Pharmacy Network.

MediPhila Benefit Option

You never know when you, or your loved ones, may require medical care that could result in substantial costs. Fortunately, as a **MediPhila** member you have unlimited hospital cover for PMB conditions coupled with generous per beneficiary limits for non-PMB In-Hospital treatments. Additionally, your basic daily healthcare needs are covered with an Out-of-Hospital benefit limit for specific services.

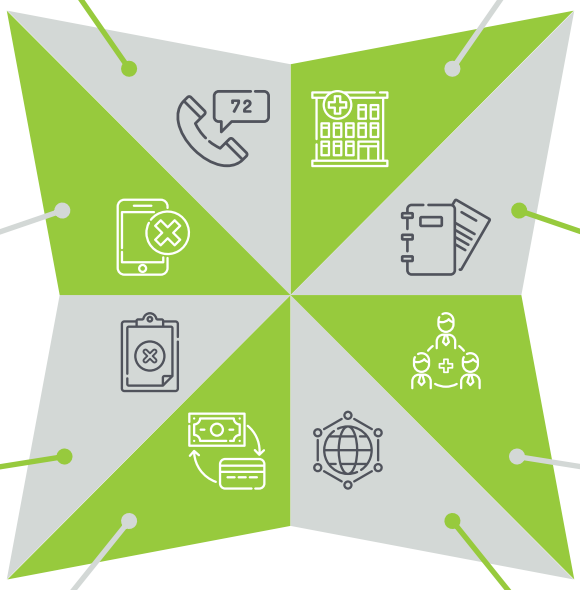
Information members should take note of:

Carefully read through this guide and use it as a reference for more information on what is covered on the **MediPhila** option, the benefit limits, and the rate at which the services will be covered:

Hospital Pre-auhorisation
You must pre-authorise 72 hours before admission by the relevant Managed Healthcare Programme

Hospitalisation Cover
Is subject to the use of the MediPhila Hospital Network. Voluntary use of a non-MediPhila Network Hospital will result in 25% co-payment

Penalty if you don't pre-authorise
If you do not obtain a pre-authorisation or retrospective authorisation in case of an emergency, you will incur a 20% penalty on top of the 25% co-payment should you use a non-MediPhila Network Hospital.



Scheme Rules/Protocols
Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable

List of Exclusions & Co-Payments
Carefully read through your List of Exclusions for a list of services not covered on the MediPhila option. Please refer to Addendum F for a comprehensive list of Exclusions.

Designated Service Providers (DSPs)
The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments. The use of the Medshield Specialist Network may apply.

Co-payments
Some procedures might attract co-payments – review the guide to obtain information on these services, or call the Medshield Contact Centre.

Networks
Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools eg website and Android or IOS apps, or from the Medshield Contact Centre.

Your claims will be covered as follows:

TREATMENT AND CONSULTATIONS 100% of negotiated fee at a MediPhila Family Practitioner (FP)Network.

MEDICINES:

- Acute Medicine: 100% of the cost of the SEP price from the MediPhila Pharmacy Network.
- Chronic Medicine: 100% of the cost of the SEP price of a product plus a negotiated dispensing fee, Medicines must be obtained from the Scheme's Designated Service Provider and formularies will apply. Any medication outside of the formulary will attract a 40% co-payment.

ONLINE SERVICES

It has now become even easier to manage your healthcare! Access to real-time, online software applications allow members to access their medical aid information anywhere and at any time.

1. The Medshield Login Zone on www.medshield.co.za
2. The Medshield Apps: Medshield's Apple IOS app and Android app are available for download from the relevant app store
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131

Use these channels to view

- Membership details through digital membership card
- Medical Aid Statements
- Track your claims through claims checker
- Hospital pre-authorisation
- Personalised communication
- Tax certificate
- Search for healthcare professionals

YOUR GUIDE to access your MediPhila In-Hospital benefit

Before you or any of your registered dependants are admitted to hospital, it is important that you know which hospitals form part of the MediPhila Hospital Network to obtain hospital pre-authorisation. If you are hospitalised, your stay will be subject to the period that was pre-authorised by the Hospital Benefit Management. No further benefits will be paid unless such a stay is further authorised. Hospital pre-authorisation can be initiated by the member, medical practitioner or the hospital at least 72-hours before admission, or the first working day following an emergency admission.

What is hospital pre-authorisation?

Every member has to obtain pre-approval or pre-authorisation from the Scheme before the member, or their dependants, are admitted to hospital. The Scheme will provide pre-authorisation, upon your request, in line with the benefits available for the specific procedure or treatment, prior to admission. The pre-authorisation process ensures added value for both the member and the Scheme by assessing the medical necessity and appropriateness of the procedure prior to hospital admission according to clinical protocols and guidelines.

The following information is required when requesting pre-authorisation for hospitalisation

- Membership number
- Member or beneficiary name and date of birth
- Contact details
- Reason for admission
- ICD-10 codes and relevant procedure (tariff codes)
- Date of admission and date of the operation if applicable
- Proposed length of stay
- Name and practice number of the admitting doctor
- Name and practice number of the hospital

Which hospital am I allowed to use?

MediPhila Hospital Network. Please contact the Scheme on 086 000 0376 (+27 10 597 4703) or vist www.medshield.co.za to access a list of hospitals.

Why it's important to pre-authorise?

- Your hospital stay will be subject to the procedure or service pre-authorised by the Hospital Management partner
- Any additional days or multiple procedures or additional services will require further pre-authorisation or motivation

In the case of an emergency admission, retrospective authorisation must be obtained on the first working day following an emergency admission. Should a member fail to obtain pre-authorisation, the Scheme will not settle any claims related to the admission.

What if my hospital admission is postponed or I'm re-admitted, even if I have pre-authorisation?

You will have to update your pre-authorisation with Medshield Hospital Benefit Management with the relevant date before you are admitted. If you are re-admitted for the same condition you will have to obtain a new authorisation as authorisations are event driven.

What is an emergency?

It is not enough for a medical emergency to be diagnosed only. The Council for Medical Schemes (CMS) script on what an emergency is, states that a condition is an emergency if you require immediate treatment for serious impairment to bodily function.

"All medical emergencies are prescribed minimum benefits (PMBs) which require full payment from your medical scheme. But diagnosis alone is not enough to conclude that a condition is a medical emergency. The condition must require immediate treatment before it can qualify as an emergency and, subsequently, a PMB."

So when is a medical condition an emergency?

The Medical Schemes Act 131 of 1998 defines an "emergency medical condition" 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".

Put simply, the following factors must be present before an emergency can be concluded:

- There must be an onset of a health condition
- This onset must be sudden and unexpected
- The health condition must require immediate treatment (medical or surgical)
- If not immediately treated, one of three things could result: serious impairment to a bodily function, serious dysfunction of a body part or organ, or death
- If you are not treated for your condition and only tests are conducted, your medical scheme does not necessarily need to cover your condition because tests are diagnostic measures which are not covered by the definition of an emergency. If you are treated, you can claim the cost of treatment because it cannot reasonably be argued that a health condition is an emergency only if the diagnosis is confirmed

Is pre-authorisation required even if I use a hospital within the MediPhila Hospital Network?

Yes, all hospital admissions require pre-authorisation before admission and retrospective authorisation is required for emergencies. All hospital authorisations must be done through the Medshield Hospital Benefit Management Provider on 086 000 0376.

Out-of-Hospital Benefits

The Out-of-Hospital Benefit covers services obtained out of hospital. These services will be paid from your Out-of-Hospital limit, unless specified otherwise. Your Family Practitioner (FP) Limit is allocated according to your family size, and subject to the nominated Family Practitioner each beneficiary nominates one Family Practitioner, selected from the MediPhila Family Practitioner Network, to a maximum of two Family Practitioners per family. Through a partnership with various service providers, the Scheme is able to ensure that you receive optimal care for these essential Out-of-Hospital services.

What services are covered under the Out-of-Hospital Benefits?

The following services are covered from specific sub-limits:

- Family Practitioner visits – Covered from the FP benefit limit
- Acute Medicine – Covered from the Acute Medicine Benefit
- Specialist Visits – Covered from the Specialist visit benefit
- Casualty or Emergency visits – Covered from the Day-to-Day Limit, unless authorised as an emergency
- Basic Dental services – Covered from the Basic Dentistry Limit
- Optical Services – Covered from the Optical Benefit
- Radiology and Pathology – Subject to Formularies

Family Practitioner Visits

Each beneficiary is required to use a MediPhila Network Family Practitioner (FP). The Scheme has a list of all the providers that are part of the Network. This MediPhila Network Provider list is available on the website www.medshield.co.za or from the MediPhila Call Centre.

You have access to the allocated number of Family Practitioner (FP) visits that are indicated in this benefit guide without needing pre-authorisation. Once you reach the allocated number of visits, you will need pre-authorisation to access the unlimited benefits. This can be done by having your FP contact the MediPhila Call Centre (086 000 0376) to obtain authorisation for each and every additional visit. These additional consultations are subject to Scheme Rules, protocols and prior approval.

Out-of-Network Family Practitioner Visits

The Scheme Rules allow for up to two visits per family paid from the Overall Annual Limit. A list of all FPs contracted on the MediPhila Network is available on the Scheme website or you can contact the Medshield Contact Centre to enquire about a FP in the area where you find yourself. Please note that the unlimited FP benefit does not apply to out-of-network visits.

Minor Procedures while visiting the FP

Certain minor procedures done in the FP consultation room will be paid from the Overall Annual Limit if done by a Network FP; these include stitching of wounds, limb casts, removal of foreign bodies and excision, repair and drainage of a subcutaneous abscess, and the removal of a nail. If these services are performed by a non-Network Provider these costs will be covered from your Day-to-Day Limit. Refer to Addendum C for a full list of services.

Casualty and Emergency Room Cover

Should you or your family have to go to a casualty or emergency room at a hospital due to medical necessity, the account for the Casualty will be paid from your available Day-to-Day Limit and the doctor attending to you will be paid from your out of network FP benefit.

Acute Medication

The MediPhila option offers members a separate Acute Medication limit subject to the Acute Medication formulary. If medication is dispensed from your FP, this cost will be included in your FP consultation but should it be required that you get your medication from a MediPhila Network Pharmacy, this cost will come from your Acute Medication Benefit. It is important that you make your FP/Pharmacy aware that your option has an acute formulary as any medication not on the formulary will not be covered. Schedule 1 and 2 medications offered as PAT will be covered from your Acute Medication Benefit subject a **R80** script limit.

Reference pricing is applied. If a product is prescribed that is more expensive than the reference price, the patient will need to pay the difference in price at the point of dispensing.

- Quantity limits may apply to some items on this formulary. Quantities in excess of this limit will need to be funded by the member at the point of dispensing, unless an authorisation has been obtained for a greater quantity
- Other generic products not specifically listed will be reimbursed in full if the price falls within the reference price range for that group
- The formulary is subject to regular review. Medshield reserves the right to update and change the formulary when new information becomes available, prices change, or when new medicines are released
- What happens once you have reached your Day-to-Day Limit?
    - The services that are covered under your Day-to-Day Limit offers a pre-determined sub-limit. Once these sub-limits have been reached, members will be required to cover the cost out of pocket

Access to Basic Dental Services

The benefit includes primary dentist care e.g. consultations, fillings, scaling and polishing, and must be obtained from the MediPhila Dental Network. There is no benefit for Specialised Dentistry like root canal treatment, crowns and metal base dentures.

Medical Specialist Consultations

For Medical Specialist Consultations you have to be referred by a MediPhila Network FP Provider:

- The MediPhila Network Family Practitioner (FP) Provider is required to obtain a Specialist referral authorisation from the Scheme;
- It is important to note that you will be liable for Medical Specialists' Consultations obtained outside these stipulated guidelines.

Access to Pathology and Radiology Services

The MediPhila FP Provider will refer you to the appropriate pathology and radiology healthcare provider.

- Radiology and Pathology formularies apply as per managed care protocols;
- All tests that falls within the formularies will be paid from the Overall Annual Limit in line with managed care protocols; and
- Any additional pathology and radiology tests that falls within PMB level of care will need to be motivated by a MediPhila FP.

Access to Optical Services

Spectacles, frames and lenses are covered at **R750** per beneficiary over a 24 month Optical Service Cycle and must be obtained from the Scheme's preferred provider. Kindly note that any additional services such as tinting etc. are not covered under this benefit. You will have to pay for these services yourself. Eye tests are limited to one test per beneficiary every 24 months. The Optical Benefit is available per beneficiary, over a 24 month Optical Service date cycle.

The application of co-payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology	**10% upfront** co-payment
Voluntary use of a non-MediPhila Network Hospital	**25% upfront** co-payment
Voluntary use of a non-MediPhila Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	**25% upfront** co-payment
Voluntary use of a non-DSP for Chronic Medication	**40% upfront** co-payment
Non-Network Emergency FP consultations (once the two allocated visits have been depleted)	**40% upfront** co-payment
Voluntarily obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary use of a non-ICON provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-MedPhila Network Hospital - Mental Health	**40% upfront** co-payment
In-Hospital Procedural upfront co-payments	
Endoscopic Procedures (refer to **Addendum B**)	**R2 000 upfront** co-payment
Arthroscopic procedures	**R4 000 upfront** co-payment
Wisdom Teeth	**R4 000 upfront** co-payment
Nissen Fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.

GAP Cover

Gap Cover assists in paying for certain shortfalls not covered by the Scheme based on Scheme Rules.
Assistance is dependent on the type of Gap Cover chosen. Medshield members can access Gap Cover through their Brokers.

MAJOR Medical Benefits – In-Hospital

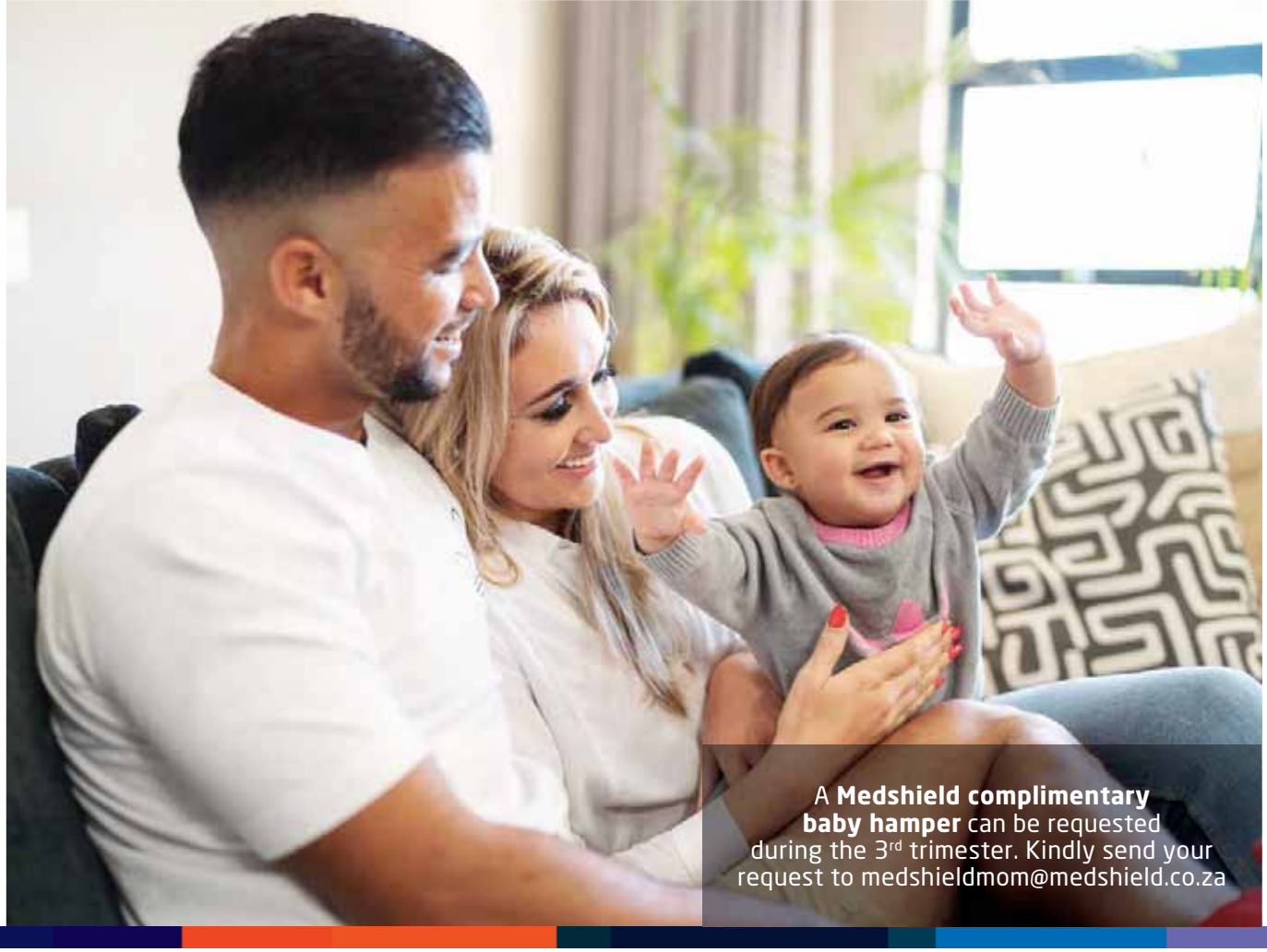
BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.**
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network.	Specialist services from treating/attending Specialists are subject to pre-authorisation.
• **Prescribed Minimum Benefits (PMB)** • **Non-PMB** **Clinical Protocols apply.**	**Unlimited.** **R500 000** per beneficiary up to a maximum of **R1 000 000** for a family.
SURGICAL PROCEDURES As part of an authorised event for all surgical procedures in doctors rooms and surgical procedures in hospital, non-PMB admission.	Subject to In-Hospital Limit.
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R160** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703).	Unlimited subject to PMB and PMB level of care.
Includes the following: • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R11 650** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 0376 (+27 10 597 4703) and must be obtained from the DSP, Network Provider or Preferred Provider.	
Includes the following: • **Stoma Products and Incontinence Sheets related to Stoma Therapy** • **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. Unlimited subject to PMB and PMB level of care.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners. **Clinical Protocols apply.**	Subject to In-Hospital Limit.
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network or Centre of Excellence. **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-MediPhila Hospital Network. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.**	Subject to In-Hospital Limit.
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703).	**R2 500** per beneficiary per annum, subject to In-Hospital Limit, thereafter Day-to-Day Limit.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network. Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Services must be pre-approved or pre-authorised by the Scheme on 086 000 0376 (+27 10 597 4703) and must be obtained from the DSP, Network Provider or Preferred Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. Subject to referral by a Network FP and authorisation.
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 0376 (+27 10 597 4703) and must be obtained from the DSP, Network Provider or Preferred Provider.	Unlimited subject to PMB and PMB level of care and referral from a Network FP.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	Subject to In-Hospital Limit.

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the DSP or Network Provider. **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	Subject to In-Hospital Limit. **R6 300** per family. **10% upfront co-payment** for non-PMB.
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following:** **Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	Subject to In-Hospital Limit.
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network. The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	Unlimited subject to PMB and PMB level of care. **40% upfront co-payment** for the use of a non-DSP Facility. DSP applicable from Rand one for PMB admissions. Subject to PMB and PMB level of care. Subject to PMB and PMB level of care.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **Anti-Retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for a list of procedures and blood tests.



MATERNITY Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	**6 Antenatal** consultations per pregnancy.
PREGNANCY RELATED SCANS AND TESTS	**Two** 2D Scans per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network. The use of the Medshield Specialist Network may apply.	
• **Confinement in hospital**	**Unlimited.**
• **Delivery by a Family Practitioner or Medical Specialist**	**Unlimited.**
• **Confinement in a registered birthing unit or out of hospital**	**Unlimited.**
- Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.
- Delivery by a registered Midwife or a Practitioner	Applies to a registered Midwife only.
- Hire of water bath and oxygen cylinder	**Unlimited.**
Clinical Protocols apply.	

ONCOLOGY Benefits

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).
You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	**Unlimited** subject to PMB and PMB level of care.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Oncology Medicine**	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.
• **PET and PET-CT** Limited to **1 Scan** per family per annum.	Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**4 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation on 086 000 0376 (+27 10 597 4703).	Subject to Oncology Limit.
• **Macular Degeneration** **Clinical Protocols apply.**	**R20 000** per family per annum.

CHRONIC MEDICINE Benefits

Covers expenses for specified chronic diseases which require ongoing, long-term or continuous medical treatment.

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**.

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Medication needs to be obtained from a MediPhila Pharmacy Network Provider.

40% Upfront co-payment
will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Formulary PMB medication voluntarily obtained from a provider other than the Designated Service Provider (DSP).

This option covers medicine for all 26 PMB CDLs.

Re-imbursement at Maximum Generic Price
or Medicine Price List and Medicine Formularies.
Levies and co-payments to apply where relevant.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
• The use of the Chronic DSP is applicable from Rand one. • Supply of medication is limited to **one month** in advance.	Limited to PMB. Medicines will be approved in line with the Medshield **Formulary** and is applicable from Rand one.

DENTISTRY Benefits

Provides cover for Dental Services according to the Dental Managed Healthcare Programme and Protocols.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY • **Out-of-Hospital** According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Plastic Dentures subject to pre-authorisation. Failure to obtain an authorisation prior to treatment, will result in a **20% penalty.**	**R1 330** per family per annum. Subject to the Specialised Dentistry Limit.
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703). Failure to obtain an authorisation prior to treatment, will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the MediPhila Hospital Network.	**R5 570** per family per annum.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth - The MediPhila Hospital Network must be used if authorised for an In-Hospital procedure. Apicectomy only covered in the Practitioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **R4 000 upfront** co-payment applies if procedure is done In-Hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.
MAXILLO-FACIAL AND ORAL SURGERY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 11 671 2011). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the MediPhila Hospital Network.	Limited to PMB Only.

There is no benefit for the following Specialised Dentistry services: Dental Implants, Orthodontic Treatment, Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics.

OUT-OF-HOSPITAL Benefits

Provides cover for Out-of-Hospital services such as Family Practitioner (FP) Consultations, Optical Services, Specialist Consultations and Acute Medication from your Day-to-Day Limit.

Your **Day-to-Day Limit** is allocated according to your family size.

Medicines paid at 100% of the lower of the cost of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare Protocols.

Treatment paid at 100% of the negotiated fee, or in the absence of such fee 100% of the cost or Scheme Tariff.

DAY-TO-DAY Benefits

The following services are paid from your Day-to-Day Limit, unless a specific sub-limit is stated all services accumulate to the Overall Annual Limit.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
DAY-TO-DAY LIMIT	**R3 000** per family per annum.
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS (According to list of services set out in **Addendum C**). The MediPhila FP Network applicable from Rand one. Each beneficiary must nominate one Family Practitioner from the MediPhila FP Network to the maximum of two Family Practitioners for a family. To obtain pre-authorisation contact the MediPhila Contact Centre on 086 000 0376. Out-of-Network FP/emergency FP consultations and visits. (When you have not consulted your nominated FP).	**Unlimited** Access to the following without pre-authorisation: **M0 = 8 visits** **M+1 = 9 visits** **M2+ = 11 visits** Thereafter unlimited - subject to pre-authorisation. **2 visits** per family, thereafter a **40% co-payment** will apply. Subject to FP Network Limit.
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL – PRIVATE NURSE PRACTITIONERS The use of the SmartCare Network compulsory from Rand one.	Unlimited.
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL – NURSE-LED VIDEOMED GENERAL PRACTITIONERS (GP) Subject to the use of the SmartCare Videomed GP Network.	**1** visit per family subject to the Overall Annual Limit and thereafter subject to the Family Practitioner (FP) Consultations and Visits Limit.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS Subject to pre-authorisation. The use of the Medshield Specialist Network may apply.	**1 visit** per family per annum, thereafter subject to Day-to-Day Limit and subject to Network FP referral.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Consultations subject to FP visits. Medicine limited to the Acute Medicine Limit and Day-to-Day Limit. Facility fee subject to Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL • **Acute medicine** Medshield medicine pricing and formularies apply. • **Pharmacy Advised Therapy (PAT)**	 Subject to Day-to-Day Limit. Further limited to: **R1 300** per family The use of MediPhila Pharmacy Network and the Basic Acute formulary applies from Rand one. Subject to the Acute Medication Limit. Limited to **R80** per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols. • **Optometric refraction** (eye test) • **Spectacles** (single vision lenses) (excludes Bi-focal Lenses, Multifocal Lenses, Contact Lenses and any Lens Add-ons) • **Frames** • **Readers:** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a registered Pharmacy.	Limited to **R750** per beneficiary every 24 month Determined by an Optical Service Date Cycle. Starting 1 January 2019. Subject to the use of a DSP. **1 test** per beneficiary per 24 month Optical cycle. Subject to Overall Annual Limit. Subject to Optical Limit. Subject to Optical Limit. **R160** per beneficiary per annum. Subject to Overall Annual Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY (According to the list of services as set out in **Addendum D**). Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to the Medshield MediPhila Basic Pathology formulary. Only on referral from a Network FP.
GENERAL RADIOLOGY (According to the list of services as set out in **Addendum E**). Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to the Medshield MediPhila Basic Radiology formulary. Only on referral from a Network FP.

The following tests are covered under the Health Risk Assessment

- Cholesterol
- Blood Glucose
- Blood Pressure
- Body Mass Index (BMI)

Child immunisation

Through the following providers:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- SmartCare Network

Health Risk Assessments

Can be obtained from:

- Medshield Pharmacy Network Providers
- Clicks Pharmacies
- Family Practitioner Network
- Medshield Corporate Wellness Days
- SmartCare Network

DAY-TO-DAY Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703).	Limited to and included in the Specialised Radiology Limit. **R6 300** per family. **10% upfront** co-payment for non-PMB.
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply. • **Non-Surgical procedures** - FP Network - Non FP Network - Tests and Procedures not specified **Refer to Addendum C for list of services covered**	Subject to the In-Hospital Limit. Subject to Day-to-Day Limit. No Benefit.
• **Procedures and Tests in Practitioners' rooms** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) **Subject to the use of FP Network**	Subject to the In-Hospital Limit. According to the list of services set out in Addendum C.
• **Routine diagnostic Endoscopic Procedures in Practitioners' rooms** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) **Subject to the use of FP Network**	Subject to the In-Hospital Limit. According to the MediPhila Procedures List. **Refer to Addendum B** for a list of services.

WELLNESS Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures. At Medshield we encourage members to have the necessary tests done at least once a year.

Unless otherwise specified subject to Overall Annual Limit, thereafter subject to the Day-to-Day Limit, excluding consultations for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R95.**
Pap Smear	**1 per female** beneficiary.
Health Risk Assessment (Pharmacy or FP)	**1 per beneficiary 18+ years** old per annum.
TB Test	**1 test** per beneficiary.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years old**, with a script limit of **R110**. Limited to the Scheme's Contraceptive formularies and protocols.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary, **9-13 years old**. Subject to qualifying criteria.

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.

- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

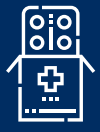
2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.



5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

AMBULANCE Services

You and your registered dependants will have access to a 24 hour Helpline. Call the Ambulance and Emergency Services provider on 086 100 6337.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
EMERGENCY MEDICAL SERVICES Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. **Clinical Protocols apply.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

Emergency medical response by road or air to scene of an emergency incident

Transfer from scene to the closest, most appropriate **facility for stabilisation and definitive care**

Medically justified transfers to special care centres or inter-facility transfers

MONTHLY Contributions

MEDIPHILA OPTION	PREMIUM
Principal Member	**R1 416**
Adult Dependant	**R1 416**
Child	**R366**

PRESCRIBED Minimum Benefits (PMB)

All members of Medshield Medical Scheme are entitled to a range of guaranteed benefits; these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

PMBs are minimum benefits given to a member for a specific condition to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification of Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 2120 (+27 10 597 4701) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. **These are known as ambulatory PMB Care templates**.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Day-to-Day benefits at the same time.

DIRECTORY of Medshield MediPhila Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside the borders of South Africa
Chronic Medication Courier Services	Clicks Direct Medicines	**Contact number:** +27 10 210 3300 **Customer Service number:** 086 144 4405 **Facsimile:** 086 144 4414
Chronic Medication Courier Services	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Chronic Medicine Authorisations and Chronic Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside the borders of South Africa Wisdom teeth and In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Diabetes Management Programme	CDE	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** member@medshield.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 0376 (+27 11 671 2011) for members outside the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside of South Africa **Facsimile:** +27 10 597 4706 **email:** email: pmbcaretemplates@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Courier Services (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside of the borders of South Africa **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

COMPLAINTS Escalation Process

In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.

In the event of a routine complaint, you may call Medshield at 086 000 2120 and request to speak to the respective Manager or the Operations Manager.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective Manager and Operations Manager. The complaint will be dealt with in line with our complaints escalation procedure in order to ensure fair and timeous resolution.

MEDSHIELD Banking Details

Bank: Nedbank | **Branch:** Rivonia | **Branch code:** 196905 | **Account number:** 1969125969

FRAUD

Fraud presents a significant risk to the Scheme and members. The dishonesty of a few individuals may negatively impact the Scheme and distort the principles and trust that exist between the Scheme and its stakeholders. Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the Scheme. Fraud prevention and control is the responsibility of all Medshield members and service providers so if you suspect someone of committing fraud, report it to us immediately.

Hotline: 0800 112 811
email: fraud@medshield.co.za

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:

Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

Breast fine needle biopsy	Prostate needle biopsy
Vasectomy	Circumcision
Excision Pterygium with or without graft	Excision wedge ingrown toenail skin of nail fold
Excision ganglion wrist	Drainage skin abscess/curbuncle/whitlow/cyst
Excision of non-malignant lesions less than 2cm	

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)

Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

Addendum C

TARIFF CODE	DESCRIPTION
0190 -0192	FP Consultations

Tariffs that can be charged in addition to a consultation (cost of material included):

TARIFF CODE	DESCRIPTION
0202	Setting of sterile tray
0206	Intravenous treatment (all ages)
0241	Cauterization of warts/chemocryotherapy of lesions
0242	Cauterization of warts/chemocryotherapy of lesions - Additional
0255	Drainage of abscess and avulsion of nail
0259	Removal of foreign body
0300	Stitching of wound (additional code for setting sterile tray)
0301	Stitching of an additional wound
0307	Excision and repair
0310	Radical excision of nail bed in rooms
0887	Limb cast
1232	Resting ECG (including electrodes)
1725	Drainage of external thrombosed pile
4614	HIV rapid test
	Health Risk Assement Test (HRAT):
	Cholesterol, Blood Glucose, Blood Pressure, Body Mass Index (BMI)

Addendum D - MediPhila Pathology Formulary

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
A. CHEMISTRY		
CARDIAC / MUSCLE		
4152	CK-MB: Mass determination: Quantitative (Automated)	No
4161	Troponin isoforms: Each	No
DIABETES		
4057	Glucose: Quantitative	No
4064	HbA1C	No
INFLAMMATION / IMMUNE		
3947	C-reactive protein	No
LIPIDS		
4027	Cholesterol total	No
4026	LDL cholesterol	No
4028	HDL cholesterol	No
4147	Triglyceride	No
LIVER / PANCREAS		
3999	Albumin	No
4001	Alkaline phosphatase	No
4006	Amylase	No
4009	Bilirubin: Total	No
4010	Bilirubin: Conjugated	No
4117	Protein: Total	No
4130	Aspartate aminotransferase (AST)	No
4131	Alanine aminotransferase (ALT)	No
4133	Lactate dehidrogenase (LD)	No
4134	Gamma glutamyl transferase (GGT)	No

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
RENAL / ELECTROLYTES / BONE		
4017	Calcium: Spectrophotometric	No
4032	Creatinine	No
4086	Lactate	No
4094	Magnesium: Spectrophotometric	No
4109	Phosphate	No
4113	Potassium	No
4114	Sodium	No
4155	Uric acid	No
4151	Urea	No
B. HAEMATOLOGY		
CEREBROSPINAL FLUID		
3709	Antiglobulin test (Coombs' or trypsinzied red cells)	No
3716	Mean cell volume	No
3743	Erythrocyte sedimentation rate	No
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	No
3762	Haemoglobin estimation	No
3764	Grouping: A B and O antigens	No
3765	Grouping: Rh antigen	No
3797	Platelet count	No
3805	Prothrombin index	No
3809	Reticulocyte count	No
3865	Parasites in blood smear	No
4071	Iron	No
4144	Transferrin	No
4491	Vitamin B12	No
4528	Ferritin	No
4533	Folic acid	No
C. ENDOCRINE - REPRODUCTIVE		
4450	HCG: Monoclonal immunological: Qualitative	No
4537	Prolactin	No
ENDOCRINE - THYROID		
4482	Free thyroxine (FT4)	No
4507	Thyrotropin (TSH)	No
OTHER ENDOCRINE		
4519	Prostate specific antigen	No
D. SEROLOGY		
AUTO IMMUNE		
3934	Auto antibodies by labelled antibodies: FOR ANF ONLY	No
3939	Agglutination test per antigen	No
4155	Uric acid	No
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method: FOR RHEUMATOID FACTOR ONLY	No
Hepatitis tests		
4531	Hepatitis: Per antigen or antibody	No
4531	Acute hepatitis A (IgM)	No
4531	Chronic Hepatitis A (IgG)	No
4531	Acute Hepatitis B (BsAG)	No

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
4531	Hepatitis B: carrier/ immunity (BsAB)	No
HIV tests		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	No
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	No
3974	Qualitative PCR (only for children < age 6 months)	Yes
4429	Quantitative PCR (DNA/RNA)	Yes
Infectious Diseases and Others		
3946	IgM: Specific antibody titer: ELISA/EMIT: RUBELLA	No
3948	IgG: Specific antibody titer: ELISA/EMIT: RUBELLA	No
3951	Quantatative Kahn, VDRL or other flocculation	No
E. Cytology		
4566	Vaginal or cervical smears, each	No
F. Histology		
4567	Histology per sample	No
G. Miscellaneous		
4352	Faecal occult blood test (FOB)	
H. Microbiology		
MCS		
3909	Anaerobe culture: Limited procedure	No
3901	Fungal culture	No
3918	Mycoplasma culture: Comprehensive	No
4401	Cell count	No
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	No
3928	Antimicrobic substances	No
3893	Bacteriological culture: Miscellaneous	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, etc.)	No
3922	Viable cell count	No
3879	Campylobacter in stool: Fastidious culture	No
3895	Bacteriological culture: Fastidious organisms	No
3928	Antimicrobic substances	No
3887	Antibiotic susceptibility test: Per organism	No
3924	Biochemical identification of bacterium: Extended	No
3869	Faeces (including parasites)	No
3868	Fungus identification	No
3881	Mycobacteria	No
3901	Fungal culture	No
3868	Fungus identification	No
AFB fluorochrome auramine (ZN) only		
3885	Cytochemical stain	No
3881	Antigen detection with monoclonal antibodies	No
TB culture		
3881	Antigen detection with monoclonal antibodies	No
4433	Bacteriological DNA identification (LCR)	No
3916	Radiometric tuberculosis culture	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, etc.)	No
3895	Bacteriological culture: Fastidious organisms	No
TB sensitivity		
3887	Antibiotic susceptibility test: Per organism	No
3974	Polymerase chain reaction	Yes
Extrapulmonary TB		
4139	Adenosine deaminase (CSF, Peritoneal or Pleural)	No

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
Parasites		
3869	Faeces (including parasites)	No
3883	Concentration techniques for parasites	No
3865	Parasites in blood smear	No
Bilharzia micro		
3980	Bilharzia Ag Serum/Urine	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, etc.)	No
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	No
3883	Concentration techniques for parasites	No

Addendum E - MediPhila Radiology Formulary

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
GENERAL			
		39300	X-Ray films
SKULL AND BRAIN			
3349	10100	39039	X-ray of the skull
FACIAL BONES AND NASAL BONES			
3353	11100	39043	X-ray of the facial bones
3357	11120	39047	X-ray of the nasal bones
ORBITS AND PARANASAL SINUSES			
3353	12100	39043	X-ray orbits
3351	13100	39041	X-ray of the paranasal sinuses, single view
	13110		X-ray of the paranasal sinuses, two or more views
MANDIBLE, TEETH AND MAXILLA			
3355	14100	39045	X-ray of the mandible
3361	14130	39051	X-ray of the teeth single quadrant
3363	14140	39053	X-ray of the teeth more than one quadrant
3365	14150	39055	X-ray of the teeth full mouth
3361	15100	39059	X-ray tempero-mandibular joint, left
3361	15110	39059	X-ray tempero-mandibular joint, right
3359	16100	39049	X-ray of the mastoids, unilateral
3359	16110	39049	X-ray of the mastoids, bilateral
THORAX			
3445	30100	39107	X-ray of the chest, single view
	30110	39107	X-ray of the chest two views, PA and lateral
3449	30150	39107	X-ray of the ribs
ABDOMEN AND PELVIS			
3477	40100	39125	X-ray of the abdomen
	40105	39125	X-ray of the abdomen supine and erect, or decubitus
	40110		X-ray of the abdomen multiple views including chest
SPINE			
3321		39017	Skeleton: Spinal column - Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic
	50100	39025	X-ray of the spine scoliosis view AP only
3321	51110	39017	X-ray of the cervical spine, one or two views
3321	52100	39017	X-ray of the thoracic spine, one or two views
3321	53110	39017	X-ray of the lumbar spine, one or two views
3321	54100	39017	X-ray of the sacrum and coccyx
	54110	39027	X-ray of the sacro-iliac joints
PELVIS AND HIPS			
3331	55100	39027	X-ray of the pelvis

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
6518	56100	39017	X-ray of the left hip
6518	56110	39017	X-ray of the right hip
	56120		X-ray pelvis and hips
UPPER LIMB			
6509	61100	39003	X-ray of the left clavicle
6509	61105	39003	X-ray of the right clavicle
6510	61110	39003	X-ray of the left scapula
6510	61115	39003	X-ray of the right scapula
6508	61120	39003	X-ray of the left acromio-clavicular joint
6508	61125	39003	X-ray of the right acromio-clavicular joint
6507	61130	39003	X-ray of the left shoulder
6507	61135	39003	X-ray of the right shoulder
6506	62100	39003	X-ray of the left humerus
6506	62105	39003	X-ray of the right humerus
6505	63100	39003	X-ray of the left elbow
6505	63105	39003	X-ray of the right elbow
6504	64100	39003	X-ray of the left forearm
6504	64105	39003	X-ray of the right forearm
6500	65100	39003	X-ray of the left hand
6500	65105	39003	X-ray of the right hand
3305	65120	39001	X-ray of a finger
6501	65130	39003	X-ray of the left wrist
6501	65135	39003	X-ray of the right wrist
6503	65140	39003	X-ray of the left scaphoid
6503	65145	39003	X-ray of the right scaphoid
LOWER LEG			
6514	73100	39003	X-ray of the left lower leg
6514	73105	39003	X-ray of the right lower leg
6512	74100	39003	X-ray of the left ankle
6512	74105	39003	X-ray of the right ankle
6511	74120	39003	X-ray of the left foot
6511	74125	39003	X-ray of the right foot
6513	74130	39003	X-ray of the left calcaneus
6513	74135	39003	X-ray of the right calcaneus
6511	74140	39003	X-ray of both feet – standing – single view
3305	74145	39001	X-ray of a toe
FEMUR			
6517	71100	39003	X-ray of the left femur
6517	71105	39003	X-ray of the right femur
6515	72100	39003	X-ray of the left knee one or two views
6515	72105	39003	X-ray of the right knee one or two views
	72120	39003	X-ray of the left knee including patella
	72125	39003	X-ray of the right knee including patella
6516	72140	39003	X-ray of left patella
6516	72145	39003	X-ray of right patella
	72150	39003	X-ray both knees standing – single view
6519	74150	39003	X-ray of the sesamoid bones one or both sides
CT SCANS			
6416	13300		CT of the paranasal sinuses single plane, limited study
6417	13300		CT of the paranasal sinuses single plane, limited study
ULTRASOUND ABDOMEN AND PELVIS			
5102	61200		Ultrasound of the left shoulder joint
5102	61210		Ultrasound of the right shoulder joint

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
	41200		Ultrasound study of the upper abdomen
3627	40210		Ultrasound study of the whole abdomen including the pelvis
3618	43200	39147	Ultrasound study of the pelvis transabdominal
3615	43250	39145	Ultrasound study of the pregnant uterus, first trimester
	43270	39145	Ultrasound study of the pregnant uterus, third trimester, first visit
	43273	39145	Ultrasound study of the pregnant uterus, third trimester, follow-up visit
3615	43277	39145	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit
3617	43260	39145	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment

Addendum **F** - Scheme Exclusions

GENERAL

- Services which are not mentioned in the Rules as well as services which in the opinion of the Board of Trustees, are not aimed at the generally accepted medical treatment of an actual or a suspected medical condition or handicap, which is harmful or threatening to necessary bodily functions (the process of ageing is not considered to be a suspected medical condition or handicap).
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and/or service provider.
- Aptitude, intelligence/IQ and similar tests as well as the treatment of learning problems.
- Operations, treatments and procedures –
  - of own choice;
  - for cosmetic purposes; and
  - for the treatment of obesity, with the exception of the treatment of obesity which is motivated by a medical specialist as life-threatening and approved beforehand by Medshield
- Treatment of wilfully self-inflicted injuries, unless it is a prescribed minimum benefit.
- Services which are claimable from the Compensation Commissioner, an employer or any other party, subject to the stipulations of rule 15.4.
- The completion of medical and other questionnaires/ certificates not requested by Medshield and the services related thereto.
- Costs for evidence in a lawsuit.
- Costs exceeding the scheme tariff for a service or the maximum benefit to which a member is entitled, subject to PMB.
- Appointments not kept.
- Services rendered to beneficiaries outside the MediPhila Network or if voluntarily obtained from a non-designated service provider in the case of a PMB condition.
- Injuries sustained during participation in a strike, unlawful demonstration, unrest or violent conduct, except in the case of a prescribed minimum benefit.
- Services rendered outside the borders of the Republic of South Africa.

MEDICAL Conditions

- The treatment of infertility, other than that stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No 70 of 2008) or other institutions whose services are of a similar nature, other than stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of impotence.
- Treatment of occupational diseases.

MEDICINES, Consumables and other Products

- Bandages, cotton wool, dressings, plasters and similar materials that are not used by a supplier of service during a treatment/procedure.
- Food substitutes, food supplements and patent food, including baby food.
- Multivitamin and multi-mineral supplements alone or in combination with stimulants (tonics).
- Appetite suppressants.
- All patent substances, suntan lotions, anabolic steroids, contact lens solutions as well as substances not registered by the South African Medicines Control Council, except medicine items approved by Medshield in the following instances –
- Medicine items with patient-specific exemptions in terms of section 21 of the Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965) as amended;

- Homeopathic and naturopathic medicine items that have valid NAPPI codes; and
- Where well-documented, sound evidence-based proof exists of efficacy and cost-effectiveness.
- All biological and other medicine items as per Medshield's medicine exclusion list.
- High technology treatment modalities, surgical devices and medication.
- Combination analgesic medicine claimed from acute medicine benefits exceeding 360 units per beneficiary per year.
- Non-steroidal anti-inflammatory medicine claimed from acute medicine benefits exceeding 180 units per beneficiary per year.
- Roaccutane and Retin A, or any skin-lightening agents.
- Homeopathic and herbal medicine, as well as household remedies or any other miscellaneous household product of a medicinal nature.
- Non-formulary contraceptive intra-uterine devices.
- Medicine used in the treatment of a non-PMB/CDL chronic condition.
- Vaccines administered by Out-of-Network general medical practitioners and specialists.
- Incontinence supplies (nappies).

APPLIANCES

- Blood pressure apparatus.
- Motorised mobility aids/devices.
- Commode.
- Toilet seat raiser.
- Hospital beds for use at home.
- Devices to improve sight, other than the stated spectacles and contact lens benefits.
- Mattresses and pillows.
- Bras without external breast prostheses.
- Insulin pumps and consumables.
- Hearing aids and services rendered by audiologists and acousticians.
- Back, leg, arm and neck supports, crutches, orthopaedic footwear, elastic stockings and CPAP apparatus

ADDITIONAL Scheme exclusions

- Special reports.
- Dental testimony, including dento-legal fees.
- Behaviour management.
- Intramuscular and subcutaneous injections.
- Procedures that are defined as unusual circumstances and unlisted procedures.
- Treatment plan completed (code 8120).
- Electrognathographic recordings, pantographic recordings and other such electronic analyses.
- Caries susceptibility and microbiological tests.
- Pulp tests.
- Cost of mineral trioxide.
- Enamel microabrasion.
- Specialised dentistry: crowns and bridges, implants, orthodontics, periodontics and maxillofacial surgery, including laboratory costs.

EXCLUSIONS

Alternative Healthcare Practitioners

Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics

Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories)(unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopeadic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products

Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely aneamic patients.

Dentistry

Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention

Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
Dental bleaching;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations

Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions

Root canal therapy on primary (milk) teeth;
Direct and indirect pulp capping procedures.

Plastic Dentures/Snoring Appliances/Mouth guards

Diagnostic dentures and the associated laboratory costs;
Snoring appliances and the associated laboratory costs;
The laboratory cost associated with mouth guards (The clinical fee will be covered at the Medshield Dental Tariff where managed care protocols apply);
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Partial Metal Frame Dentures

Metal base to full dentures, including the laboratory cost;
High impact acrylic;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees.

Crown and Bridge

Crown and crown retainers on wisdom teeth (3rd molars);
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

Implants

Dolder bars and associated abutments on implants' including the laboratory cost;
Laboratory delivery fees.

Orthodontics

Orthodontic treatment for cosmetic reasons and associated laboratory costs;
Orthodontic treatment for a member or dependant younger than 9 and older than 18 years of age;
Orthodontic re-treatment and the associated laboratory costs;
Cost of invisible retainer material;
Laboratory delivery fees.

Periodontics

Surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth for cosmetic reasons;
Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology

The auto-transplantation of teeth;
Sinus lift procedures;
The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);
Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)

Where the reason for admission to hospital is dental fear or anxiety;
Multiple hospital admissions;
Where the only reason for admission to hospital is to acquire a sterile facility;
The cost of dental materials for procedures performed under general anaesthesia.
The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;
Professional oral hygiene procedures;
Implantology and associated surgical procedures;
Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions

Special reports;
Dental testimony, including dentolegal fees;
Behaviour management;
Intramuscular and subcutaneous injections;
Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
Appointments not kept;
Treatment plan completed (code 8120);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised;
General anaesthetics, conscious sedation and hospitalisation for dental work, except in the case of patients under the age of 6 years or with bony impaction of the third molars;

Hospitalisation

If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable
Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);
Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;
Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;
Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider;
Investigations or Work-up unless stipulated

Infertility

Medical and surgical treatment , which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M;
Vasovasostomy (reversal of vasectomy);
Salpingostomy (reversal of tubal ligation).

Maternity

3D and 4D scans (unless PMB level of care, then DSP applies);
Caesarean Section unless clinically appropriate;
Pregnancy in the first 12 months of membership unless declared and appropriately underwritten.

Medicine and Injection Material

Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;
Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;
Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;
The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:
Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);
Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);
Protein C inhibitors such as Xigris, for septic shock and septicaemia (unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;

Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;
Medicines defined as exclusions by the relevant Managed Healthcare Programme;
Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
Medicines not authorised by the relevant Managed Healthcare Programme;
Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
Slimming preparations for obesity;
Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:

- Infants and pregnant mothers;
- Malabsorption disorders;
- HIV positive patients registered on the relevant Managed Healthcare Programme.

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;
Diagnostic agents, unless authorised and PMB level of care;
Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
Erythropoietin, unless PMB level of care;
Medicines used specifically to treat alchohol and drug addiction. Pre-authorisation required (unless PMB level of care, DSP applies);
Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
Nappies and waterproof underwear;
Oral contraception for skin conditions, parentaral and foams.

Mental Health

Sleep therapy, unless provided for in the relevant benefit option.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Opthalmology);
Hyperbaric oxygen therapy except for anaerobic life threatening infections, Diagnosis Treatment Pairs (DTP) 277S and specific conditions pre-authorised by the relevant Managed Healthcare Programme and at a specific DSP;
Conservative Back and Neck Treatment;
Nail Disorders;
Investigations and diagnostic work-up;
Healthcare services (including scans and scopes) that should be done out of hospital and for which an admission to hospital is not necessary.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;
Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;
Exclusions as per the Schemes Optical Management Programme.

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;
Allergy and Vitamin D testing in hospital;
Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;
Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);
Peripheral vascular stents, unless Prescribed Minimum Benefits level of care (DSP applies);
TAVI procedure - transcatheter aortic-valve implantation. The procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);
Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);
Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the prac-

titioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);
Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme;
Internal Nerve Stimulators.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;
PET (Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);
Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;
CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);
MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols;

SmartCare Clinics - Private Nurse Practitioner

No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty;
Breast reductions; Benign Breast Disease;
Keloid surgery, except following severe burn scars on the face and neck, for functional impairment such as contractures and excision of a tattoo (unless PMB level of care, DSP applies); skin disorders (life threatening / non life threatening) including benign growths;
Joint replacement (including but not limited to hips, knees, shoulders and elbows), unless Prescribed Minimum Benefits level of care;
Back and Neck surgery (unless PMB level of care, DSP applies);
Rhizotomies, Kyphoplasties, Vertebroplasties and Facet Pain Blocks, (unless PMB level of care, DSP applies, subject to Managed Care Protocols);
Surgery for oesophageal reflux and hiatus hernia (unless PMB level of care);
Correction of Hallux Vulgus and Bunionectomy;
Endoscopic and Laparoscopic Surgery;
All cosmetic treatment including but not limited to septoplasties, osteotomies and nasal tip surgery functional nasal problems and functional sinus problems;

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accomodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Telephone consultations;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

NOTES

MEDSHIELD
medical scheme

Medshield Head Office

288 Kent Avenue, Cnr of Kent Avenue and Harley Street, Ferndale
email: member@medshield.co.za
Postal Address: PO Box 4346, Randburg, 2125

Medshield Regional Offices

BLOEMFONTEIN
Suite 13, Office Park, 149 President Reitz Ave, Westdene
email: medshield.bloem@medshield.co.za

DURBAN
Unit 4A, 95 Umhlanga Rocks Drive, Durban North
email: medshield.durban@medshield.co.za

CAPE TOWN
Podium Level, Block A, The Boulevard, Searle Street, Woodstock
email: medshield.ct@medshield.co.za

MEDSHIELD CONTACT CENTRE
Contact number: 086 000 2120 (+27 10 597 4701)
for members outside the borders of South Africa.
Facsimile: +27 10 597 4706
email: member@medshield.co.za

EAST LONDON
Unit 3, 8 Princes Road, Vincent
email: medshield.el@medshield.co.za

PORT ELIZABETH
Unit 3 (b), The Acres Retail Centre, 20 Nile Road, Perridgevale
email: medshield.pe@medshield.co.za

MEDSHIELD
medical scheme

MediAlpha

2020 BENEFITS

MediAlpha start

MediAlpha grow

MediAlpha advance

MediAlpha achieve

MediAlpha Series

You never know when you or your family member/s may require primary medical care or treatment and, most importantly, whether you will have funds readily available to easily access the required care.

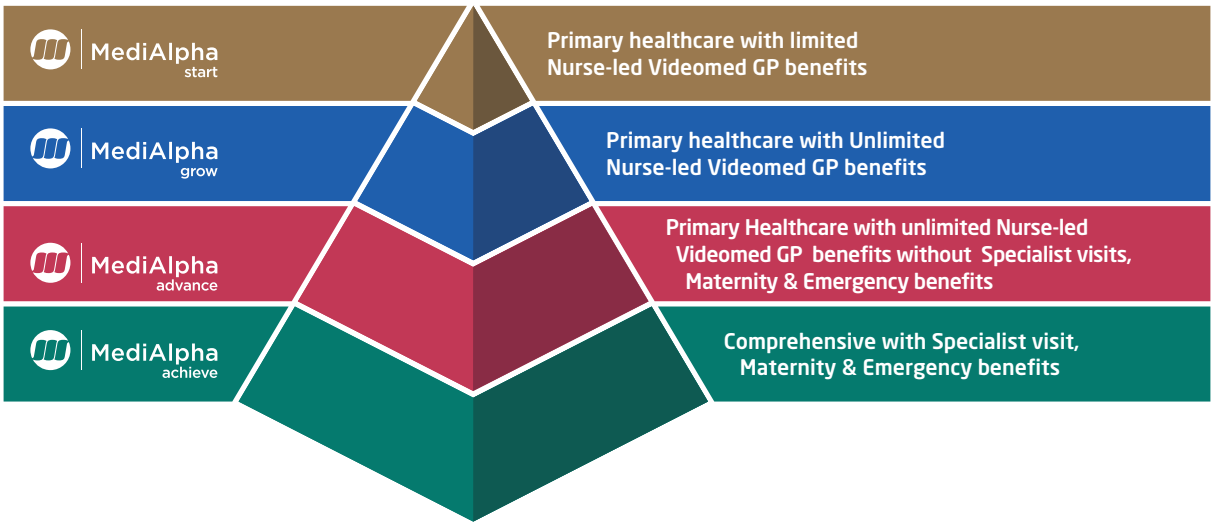
The **MediAlpha** series is specifically designed for South Africans who have never had medical cover before. It provides easy access to private Primary Healthcare services and is PMB exempted. Carefully read through your Summary of Benefits to familiarise yourself with your benefits.

About **MediAlpha** Series

1. For 20 or more employees joining as a Group
2. Employees who have never had medical cover before
3. No underwriting
4. Late joiner penalties
5. Employees', spouse and children are eligible as dependants
6. Offers a choice of 4 different options

About **MediAlpha** Benefit Options

The **MediAlpha** Series is designed to cater for different needs and pockets, and offers a choice of four benefit options. An upwards benefit richness sliding scale has been applied.



You will be allowed to buy up to a higher option once a year (at the end of the current year). Upon registration, you will receive your personalised card with your details and the details of your registered dependants. You must present your card when visiting a healthcare provider.

Summary of Benefits

Benefits are allocated at the beginning in advance (from January) for the full year. You and your registered dependants will have access to the following benefits depending on your chosen benefit option.

PRIMARY CARE BENEFITS

BENEFIT CATEGORY	MediAlpha Start	MediAlpha Grow	MediAlpha Advance	MediAlpha Achieve
FP CONSULTATION AND VISITS Each beneficiary must nominate ONE Family Practitioner (FP) per beneficiary which must be selected from the Alpha Family Practitioner Network.	No benefit.	**Unlimited.**	**Unlimited.**	**Unlimited.**
OUT OF NETWORK FP CONSULTATIONS OR VISITS When you have not consulted your nominated Family Practitioner.	No benefit.	**2** visits per family, limited to and included in the Overall Annual Limit with a **40% upfront co-payment**.	**2** visits per family, limited to and included in the Overall Annual Limit with a **40% upfront co-payment**.	**2** visits per family, limited to and included in the Overall Annual Limit with a **40% upfront co-payment**.
NURSE CONSULTATIONS AND VISITS	**Unlimited with compulsory use of** SmartCare Nurse Network	**Unlimited with compulsory use of** SmartCare Nurse Network	**Unlimited with compulsory use of** SmartCare Nurse Network	**Unlimited with compulsory use of** SmartCare Nurse Network
NURSE-LED VIDEOMED GP PRACTITIONERS CONSULTATION AND VISITS The use of the SmartCare Videomed GP Network, compulsory from Rand one.	**5** visits per beneficiary. Thereafter no benefit.	**Unlimited.**	**Unlimited.**	**Unlimited.**
MEDICATION Pharmacy Advised Therapy (PAT).	**R150** per family.	**R150** per family.	**R200** per family.	**R300** per family.
ANTI-RETROVIRAL MEDICINE Subject to pre-authorisation and registration. If any out of formulary medication is voluntarily obtained, and/or a non-Chronic DSP is used, a **40% upfront co-payment** will apply.	No benefit.	No benefit.	Subject to the Managed Healthcare Programme which includes medicine formularies, pre-authorisation and case management. The Courier DSP applies from Rand one.	Subject to the Managed Healthcare Programme which includes medicine formularies, pre-authorisation and case management. The Courier DSP applies from Rand one.
CHRONIC MEDICATION Compulsory registration on the Chronic Programme. If any out of formulary medication is voluntarily obtained, and/or a non-Compact Chronic DSP is used, a **40% upfront co-payment** will apply.	No benefit.	No benefit.	**27 Chronic conditions** listed in the brochure. Compulsory use of the Compact Chronic DSP and specific Chronic Formulary applies from Rand one.	**27 Chronic conditions** listed in the brochure. Compulsory use of the Compact Chronic DSP and specific Chronic Formulary applies from Rand one.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS Referral from your nominated FP is compulsory, failure will result in a **40% upfront co-payment**.	No benefit.	No benefit.	No benefit.	**1** visit per family, subject to referral authorisation by nominated FP.
BASIC DENTISTRY Services must be obtained from the Medshield Dental Network only. Subject to protocols.	No benefit.	No benefit.	**1** visit per beneficiary Includes: Consultations, examinations, fillings, extractions, scaling and polishing and X-rays. Thereafter no benefit.	**1** visit per beneficiary Includes: Consultations, examinations, fillings, extractions, scaling and polishing and X-rays. Thereafter no benefit.
OPTICAL BENEFITS Services must be obtained from the Optical DSP and Protocols will apply.	No benefit.	No benefit.	**Includes:** 1 Eye test, 1 pair of Single Vision optical lenses and a frame per beneficiary, every 24 months. Determined by an Optical Service Date Cycle. Subject to Overall Annual Limit.	**Includes:** 1 Eye test, 1 pair of Single Vision optical or Bifocal lenses and a frame per beneficiary, every 24 months. Determined by an Optical Service Date Cycle. Subject to Overall Annual Limit.
MATERNITY BENEFITS	Antenatal consultations as part of the SmartCare Nurse Network.	Antenatal consultations as part of the SmartCare Nurse Network.	Antenatal consultations as part of the SmartCare Nurse Network.	Antenatal consultations as part of the SmartCare Nurse Network. **Two 2D scans** per female beneficiary.

PRIMARY CARE BENEFITS

BENEFIT CATEGORY	MediAlpha Start	MediAlpha Grow	MediAlpha Advance	MediAlpha Achieve
PATHOLOGY (BLOOD TESTS) Services must be obtained from a DSP and Protocols will apply.	No benefit.	No benefit.	**Unlimited.** Compulsory referral from the nominated FP. Pathology Formulary only.	**Unlimited.** Compulsory referral from the nominated FP. Pathology Formulary only.
GENERAL RADIOLOGY Services must be obtained from a DSP and Protocols will apply.	No benefit.	No benefit.	**Unlimited.** Compulsory referral from the nominated FP. Radiology Formulary only.	**Unlimited.** Compulsory referral from the nominated FP. Radiology Formulary only.

Take Note:

- Each beneficiary must nominate one Family Practitioner, selected from the Alpha Family Practitioner Network. Through a partnership with various service providers, the Scheme is able to ensure that you receive optimal care for these essential services.
- It is compulsory to select providers within the Alpha Network to avoid upfront co-payment/s to access the following services:
  - Dental benefits
  - Optical benefits

  Log on to www.medshield .co.za > members > medshield networks.
- MediAlpha Achiever members' chosen FP has to refer them to a Medical specialist.
- Treating service providers will submit claims directly to the Scheme.

WELLNESS BENEFITS

All members on the **MediAlpha** benefit options will have access to the Wellness benefits, which cover services related to preventative tests and health assessment. These services can be obtained at your SmartCare Pharmacy and your Corporate Wellness Days.

BENEFIT CATEGORY	MediAlpha Start	MediAlpha Grow	MediAlpha Advance	MediAlpha Achieve
FLU VACCINATION	No benefit.	No benefit.	1 per beneficiary 18+ years old.	1 per beneficiary 18+ years old.
HEALTH RISK ASSESSMENT	1 per beneficiary 18+ years old. Includes the following tests: Cholesterol, Blood Glucose, Blood Pressure and Body Mass Index (BMI).			
NATIONAL HIV COUNSELLING TESTING (HCT)	1 test per beneficiary with compulsory use of the SmartCare Nurse Network.			

STATED BENEFITS

BENEFIT CATEGORY	MediAlpha Start	MediAlpha Grow	MediAlpha Advance	MediAlpha Achieve
OVERALL ANNUAL LIMIT	**Unlimited.**	**Unlimited.**	**Unlimited.**	**Unlimited.**
EMERGENCY MEDICAL TRANSPORTATION Access to ambulance and emergency services.	No benefit.	No benefit.	No benefit.	**Unlimited.** Subject to the relevant Managed Healthcare Programme, protocols, pre-authorisation and an approved DSP only. Scheme approval for Emergency Air evacuation.
TRAUMA STABILISATION LIMIT	No benefit.	No benefit.	No benefit.	**R100 000** per event per family. As part of an emergency transport event. The use of the DSP and protocols apply.

CHRONIC MEDICINE

Members with chronic ailments must register on the Chronic Medicine Management Programme to access the Chronic Medicine Benefit. Each application for authorisation of medicine from the Chronic Medicine Benefit is subject to the current Chronic Medicine Clinical Guidelines and Protocols.

27 CHRONIC DISEASES LIST		
Addison's disease	Crohn's disease	HIV/AIDS
Asthma	Diabetes insipidus	Hyperlipidaemia
Bipolar mood disorder	Diabetes mellitus types 1 and 2	Hypertension (high blood pressure)
Bronchiectasis	Crohn's disease	Hypothyroidism
Cardiac failure	Diabetes insipidus	Multiple sclerosis
Cardiomyopathy disease	Dysrhythmias	Parkinson's disease
Chronic obstructive pulmonary disease	Epilepsy	Rheumatoid arthritis
Chronic renal disease	Glaucoma	Schizophrenia
Coronary artery disease	Haemophilia	System lupus erythematosus

5 Easy steps to register for your Chronic Medication:

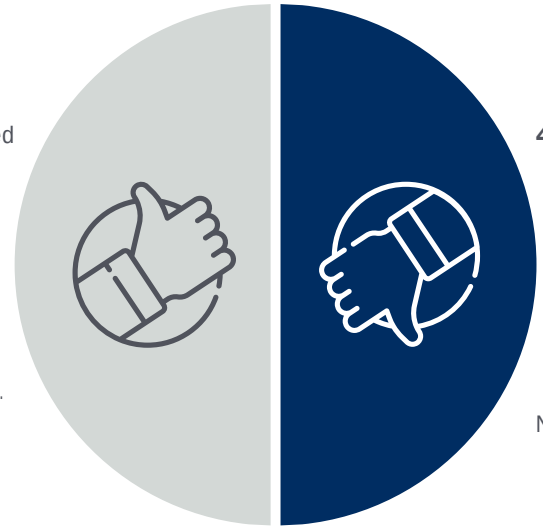
1 REGISTER
Your Doctor or Pharmacist should call Chronic Medicine Management on 086 000 2120 (Choose relevant option) or email: medshieldauths@mediscor.co.za

2 EVALUATION
Your medicine will be evaluated in line with the Scheme Rules, Formularies and protocols.

3 NOTIFICATION
You will receive notification once registered. If more information is required please ensure your doctor provides the required clinical information.

4 SCRIPT
You will need a script from your doctor for the approved medicine.

5 DSP PHARMACY
Collect your medicine from the Alpha Designated Service Provider Pharmacy. List is available via online tools.



DO

Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Always remember that medication needs to be obtained from a Medshield Designated Service Provider (DSP).

DON'T

40% Upfront co-payment will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Medication voluntarily obtained from a non-Alpha Pharmacy Network Provider.

SmartCare

A FIRST in South Africa, Medshield Medical Scheme introduces **Smart**Care - offering members access to nurse-led primary healthcare medical consultations and relevant Videomed doctor consultations, if required, as a medical scheme benefit.

SMARTCARE SERVICES:

- **Acute consultations:**
  Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.

- **Chronic consultations:**
  Medicine and repeat prescriptions for high blood pressure, diabetes, high cholesterol etc. Members are then encouraged to use the Medshield Chronic Medicine Courier Service DSP to deliver their chronic medicine straight to their home or workplace.

1.
Member visits **Smart**Care supported Pharmacy.

2.
Nurse confirms Medshield benefits.

3.
Full medical history and clinical examination by registered nurse.

4.
Recommends Over-the-Counter medicine.

or

4.
Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.

5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

- No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation
- No consultations related to mental health
- No treatment of emergency conditions involving heavy bleeding and/or trauma
- No treatment of conditions involving sexual assault
- **Smart**Care services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Theraphy Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours

healthforce

MONTHLY CONTRIBUTION

	MediAlpha Start	MediAlpha Grow	MediAlpha Advance	MediAlpha Achieve
PRINCIPAL MEMBER	**R130**	**R220**	**R320**	**R650**
ADULT DEPENDANT	**R130**	**R220**	**R320**	**R650**
CHILD	**R130**	**R220**	**R210**	**R390**

WHAT DOES IT MEAN (Terminology Simplified)

Primary Healthcare Benefits	Primary Healthcare Benefits is the first point of contact with health services and provide a point of entry into the health system.
Family Practitioner	Commonly known as General Practitioner (GP).
Designated Service Provider (DSP)/ Optical, Dental, Specialists & FP Networks	Consists of group of providers who have an agreement with the Scheme to charge Medshield members at an agreed fee. The list of networks is available on the Medshield website www.medshield.co.za/members/networks.
Formulary Medicine	A formulary is a list of cost effective evidence-based medicines that the Scheme will cover for the treatment of your chronic condition.
Chronic Condition	A chronic condition is a condition that requires ongoing long-term or continuous medical treatment.
Chronic Diseases List (CdI)	Medshield subscribes to a Chronic Disease List, which specifies those conditions that qualify for this benefit.
Upfront Co-payment	Is the portion a member pays upfront at the point of service, for specified services and procedures.

Only registered dependants may use your membership card.

DIRECTORY of Medshield MediAlpha Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 10 597 4701) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

EXCLUSIONS

Refer to Annexure C available on request.

AT YOUR SERVICE

For queries relating to your chosen **MediAlpha** benefit, option email or contact us follows:
Contact Centre Number: 0860 000 2120 or 002711 597 4701 (for members outside the borders of South Africa)
E-mail: member@medshield.co.za **| www.medshield.co.za**

MEDSHIELD
medical scheme

2020 BENEFIT ADJUSTMENTS

Global Credit Ratings rated Medshield as one of the schemes with the highest claims paying ability, of AA- with a positive outlook. We remain committed to providing affordable benefits across a wide range of options to meet the needs of all our members.

Our 2020 benefits are carefully designed to provide our members with access to quality healthcare and benefits.

- Acute Medication on **MediPhila** has been increased
- Adult and Travel Vaccination limits increased on the **PremiumPlus** and **MediBonus** options
- Adult Vaccination limit increased on the **MediPlus**, **MediSaver**, and **MediValue** options
- Air Evacuation requires specific Scheme approval
- Alternatives to Hospitalisation – Physical Rehabilitation limit increased on the **PremiumPlus**, **MediBonus**, **MediPlus**, **MediSaver**, and **MediCore** options
- Alternatives to Hospitalisation – Terminal Care benefit increased on **all options**
- Contraceptive Medication (Birth Control) increased across **all options**
- Chronic Medication limit increased on the **PremiumPlus**, **MediBonus**, and **MediPlus** options
- Day-to-Day limits increased on the **MediBonus**, **MediPlus**, **MediValue** and **MediPhila** options
- SmartCare benefit (private nurse + video med) has been introduced across **all options**
- Basic Dentistry sub-limit increased on the **MediValue** and **MediPhila** options
- Specialised Dentistry limit increased on **all options** except **MediCore**
- The General, Medical and Surgical Appliance limit increased across the **PremiumPlus**, **MediBonus**, **MediPlus**, **MediSaver** and **MediValue** options
- Maxillo-Facial and Oral Surgery increased on the **PremiumPlus**, **MediBonus**, **MediPlus**, **MediSaver**, **MediCore** and **MediValue** options
- The Mental Health consultations and visits Out-of-Hospital sub-limit increased on the **PremiumPlus** option
- The Mental Health, In-Hospital limit increased on the **PremiumPlus**, **MediBonus**, **MediPlus** and **MediSaver** options
- The Frame limit on **MediPlus**, **MediValue** and **MediBonus** has been increased
- **MediPhila**'s Optical has been increased
- **MediBonus**, **MediPlus**, **MediValue** and **MediPhila** Pharmacy Advised Therapy sub-limits have been removed
- The script limit for Pharmacy Advised Therapy increased on **all Medshield options** except **MediCore**
- The Refractive Surgery limit on **PremiumPlus**, **MediBonus**, **MediPlus** and **MediSaver** has increased
- Rehabilitation for Substance Abuse sub-limit increased on **PremiumPlus**, **MediPlus** and **MediSaver**
- Specialised Radiology (In- and Out-of-Hospital) increased on **all options**
- Consultations and Visits to Medical Specialists Out-of-Hospital increased on the **MediPlus** option
- The Above Threshold Benefit limit for Out-of-Hospital benefits has been increased on the **PremiumPlus** option
- On the **MediPlus** and **MediValue Compact categories**, each beneficiary must nominate one Family Practitioner from the Medshield Family Practitioner Network
- **MediPlus** and **MediValue Compact categories** have two additional non-nominated FP consultations
- The Oncology limit on **MediBonus**, **MediPlus** and **MediSaver** has been increased
- Oncology Medicine Limit has been increased on **PremiumPlus**, **MediBonus**, **MediSaver** and **MediPlus** options
- The Specialised Radiology benefit increased across **all options**
- The Medshield Hospital Network will be changing on all options except **PremiumPlus** and **MediBonus**
- Medshield introduced **MediCurve** - a new option for the young and healthy
- The Chronic DPS's will be charging for **MediPlus Compact**, **MediValue Compact** and **MediCurve**

Medshield Medical Scheme Rule 16.2 indicates that a member is entitled to change from one benefit option to another provided that the change is made with effect 1 January of any financial year, therefore mid-year option changes are not permitted.

MEDSHIELD
medical scheme