



Even the most secure people have moments when they need assurance. It's part of being human. As we navigate the uncertainty of current times and not knowing what to expect, our health cover is there to give us reassurance that we will be taken care of in times of sickness and feeling unwell.

Live Assured is the certainty people are looking for, knowing that they can enjoy life without the fear of what will happen in the event of illness - because Medshield puts their well-being first. Live Assured is the exhale people are longing for, that comes from trusting the promise Medshield has made and will uphold - to provide high level of care, attention and medical treatment should they need it. Medshield members Live Assured.



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### 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.

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







#### 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-AUTHORISATION**

You must request pre-authorisation 72 hours before admission from 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 this 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 e.g. 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 the 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

Non-PMB Internal Prosthesis and Devices

Voluntary use of a non-DSP for HIV & AIDS related medication

Voluntary use of a non-DSP or a non-Medshield Pharmacy Network

Voluntarily obtained out of formulary medication

Voluntary use of a non-ICON provider - Oncology

Voluntary use of a non-DSP provider - Chronic Renal Dialysis

10% upfront co-payment

25% upfront co-payment

40% upfront co-payment

40% upfront co-payment

40% upfront co-payment

40% upfront co-payment 40% upfront co-payment

#### In-Hospital Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to Addendum B)

Functional Nasal surgery

Laparoscopic procedures

Arthroscopic procedures

Wisdom Teeth

Hernia Repair (except in infants)

Back and Neck surgery

Nissen Fundoplication

Hysterectomy

R1 000 upfront co-payment R1 000 upfront co-payment

R2 000 upfront co-payment

R2 000 upfront co-payment

R2 000 upfront co-payment

R3 000 upfront co-payment

R4 000 upfront co-payment

R5 000 upfront co-payment

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	Unlimited.
Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	
Clinical Protocols apply.	
SURGICAL PROCEDURES	Unlimited.
As part of an authorised event.	Extended Benefit Cover (up to 200%)
MEDICINE ON DISCHARGE FROM HOSPITAL	Limited to <b>R800</b> per admission. According to the
Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION	R133 600 per family per annum.
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:	
<ul> <li>Physical Rehabilitation</li> <li>Sub-Acute Facilities</li> </ul>	
Nursing Services	
Hospice	
Terminal Care	<b>R37 300</b> per family per annum. Subject to the Alternatives to Hospitalisation Limit.
Clinical Protocols apply.	
GENERAL, MEDICAL AND SURGICAL APPLIANCES	R6 300 per family per annum.
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:	
<ul> <li>Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors (motivation required)</li> </ul>	<b>R800</b> per beneficiary per annum. Subject to Appliance Limit.
Hearing Aids (including repairs)	Subject to Appliance Limit.
Wheelchairs (including repairs)	Subject to Appliance Limit.
Stoma Products and Incontinence Sheets related to Stoma Therapy	Unlimited if pre-authorised, if not authorised then subject to Appliance Limit.
<ul> <li>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.     </li> <li>Clinical Protocols apply.</li> </ul>	Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT	Unlimited.
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.	<u> </u>
HOME VENTILATORS	Unlimited.
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.	Onmined.

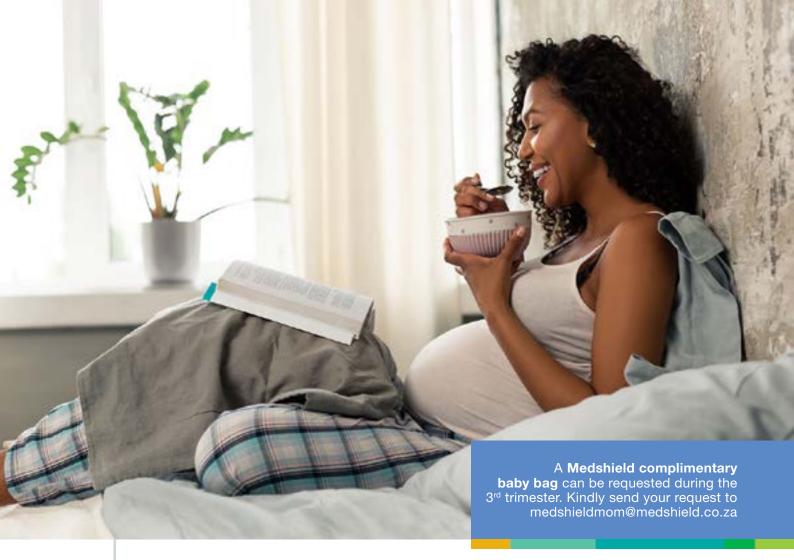
BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS	Unlimited.
(Including emergency transportation of blood)	
Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider.	
Clinical Protocols apply.	
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS	Unlimited.
As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	Extended Benefit Cover (up to 200%)
REFRACTIVE SURGERY	R18 000 per family per annum.
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.	Including hospitalisation, if not authorised, payable from Personal Savings Account.
Includes the following:	
• Lasik	
Radial Keratotomy	
Phakic Lens Insertion Clinical Protocols apply.	
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	Unlimited.
CPAP Titration Clinical Protocols apply.	Unlimited.
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW)	Unlimited.
TRANSPLANTATION	Organ harvesting is limited to the Republic of South
Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs.
Includes the following:	Haemopoietic stem cell (bone marrow) transplantation is
Immuno-Suppressive Medication	limited to allogenic grafts and autologous grafts derived
<ul> <li>Post Transplantation and Biopsies and Scans</li> <li>Related Radiology and Pathology</li> </ul>	from the South African Bone Marrow Registry.
Clinical Protocols apply.	
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited.
As part of an authorised event, and excludes allergy and vitamin D testing.	- Criminious
Clinical Protocols apply.	
PHYSIOTHERAPY	R2 650 per beneficiary per annum.
In-Hospital Physiotherapy is subject to pre-authorisation by the relevant	Thereafter subject to Personal Savings Account.
Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this	
benefit guide.	
PROSTHESIS AND DEVICES INTERNAL	R63 000 per family per annum.
Subject to pre-authorisation by the relevant Managed Healthcare Programme on	25% upfront co-payment for non-PMB.
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.	Sub-limit for hips and knees: R32 000 per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL	Subject to Prosthesis and Devices Internal Limit.
Services must be pre-approved or pre-authorised by the Scheme on	No co-payment applies to External Prosthesis.
086 000 2120 (+27 10 597 4701). Preferred Provider Network will apply. <b>Including Ocular Prosthesis.</b>	

Clinical protocols apply.



# MAJOR Medical Benefits - In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS	
LONG LEG CALLIPERS	Subject to Prosthesis and Devices Internal Limit.	
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.	No co-payment applies to External Prosthesis.	
GENERAL RADIOLOGY	Unlimited.	
As part of an authorised event.  Clinical Protocols apply.		
SPECIALISED RADIOLOGY	R26 750 per family per annum.	
Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).		
Includes the following:		
<ul> <li>CT scans, MUGA scans, MRI scans, Radio Isotope studies</li> <li>CT Colonography (Virtual Colonoscopy)</li> <li>Interventional Radiology replacing Surgical Procedures</li> <li>Clinical Protocols apply.</li> </ul>	Subject to Specialised Radiology Limit.  Unlimited.	
CHRONIC RENAL DIALYSIS	Unlimited.	
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.	40% upfront co-payment for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.	
Haemodialysis and Peritoneal Dialysis includes the following:		
Material, Medication, related Radiology and Pathology		
Clinical Protocols apply.		
NON-SURGICAL PROCEDURES AND TESTS	Unlimited.	
As part of an authorised event. The use of the Medshield Specialist Network may apply.	Extended Benefit Cover (up to 200%)	
MENTAL HEALTH	R55 650 per family per annum.	
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 <b>3 days</b> if patient is admitted by a Family Practitioner.		
<ul> <li>Rehabilitation for Substance Abuse         <ul> <li>1 rehabilitation programme per beneficiary per annum</li> </ul> </li> <li>Consultations and Visits, Procedures, Assessments, Therapy,         <ul> <li>Treatment and/or Counselling</li> </ul> </li> </ul>	R14 850 per family per annum.  Limited to and included in the Mental Health Limit.  Subject to Mental Health Limit.	
HIV & AIDS	As per Managed Healthcare Protocols.	
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:		
<ul> <li>Anti-retroviral and related medicines</li> <li>HIV/AIDS related Pathology and Consultations</li> <li>National HIV Counselling and Testing (HCT)</li> </ul>	Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a <b>40% upfront co-payment</b> .	
INFERTILITY INTERVENTIONS AND INVESTIGATIONS	Limited to interventions and investigations only.	
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.	Refer to Addendum A for the 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.

#### 12 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

R500 per family

For Antenatal Classes

Two 2D Scans per pregnancy.

One Amniocentesis test 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
  - Midwife consultations per pregnancy
  - Delivery by a registered Midwife or a Practitioner
  - Hire of water bath and oxygen cylinder

Clinical Protocols apply.

Unlimited. Unlimited. Unlimited. Extended Benefit Cover (up to 200%)

4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. Unlimited.



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	R353 950 per family per annum. Subject to Oncology Limit. ICON Enhanced Protocols apply.
<ul> <li>Radiology and Pathology</li> <li>Only Oncology related Radiology and Pathology as part of an authorised event.</li> </ul>	Subject to Oncology Limit.
PET and PET-CT	R22 500 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.	<b>6 visits</b> 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.	<b>R40 000</b> per family per annum. Subject to Oncology Limit.
BREAST RECONSTRUCTION (following an Oncology event only)  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.	R84 800 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.



# **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**. If the Chronic Medicine requirements are not registered and approved, it will pay from the Acute Medicine 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 54 conditions.

#### Re-imbursement at Maximum Generic Price

or Medicine Price List and Medicine Formularies. Levies and co-payments to apply where relevant.

#### BENEFIT CATEGORY

- The use of a Medshield Pharmacy Network Provider is applicable from Rand one.
- Supply of medication is limited to **one month** in advance.

#### BENEFIT LIMIT AND COMMENTS

R14 850 per beneficiary per annum limited to
R29 700 per family per annum.

Medicines will be approved in line with the Medshield
Formulary, within and above limits.



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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
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 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.	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 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.	R18 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 Chrome Cobalt Frame 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.	R18 350 per family per annum.  Extended Benefit Cover (up to 200%) only applicable to Maxillo-facial Surgery.



Your PSA is 20%
of your monthly
contributions and it is
allocated annually in
advance for 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.

**Smart**Care

SmartCare provides access to Videomed, telephone and video consultation through specified healthcare practitioners.

SmartCare is an evolving healthcare benefit that is designed around offering our members the convenience of easy access to care.



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)	R15 108	R13 848	R2 892
Threshold	R18 550	R17 100	R3 500*
Above Threshold Benefit (ATB)	R5 100	R3 700	R2 550*

<sup>\*</sup>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)	<ul> <li>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)</li> <li>Your PSA allocation is determined by your family size</li> <li>Your PSA will be used to cover your Day-to-Day benefits</li> <li>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</li> </ul>
STEP 2 SELF-PAYMENT GAP (SPG)	<ul> <li>The Threshold amount is determined on an annual basis by the Scheme and some selected benefit categorie claims accumulate to the Threshold amount</li> <li>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</li> <li>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</li> <li>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</li> <li>The Self-Payment Gap will accumulate on Scheme tariff only</li> <li>The Self-Payment Gap varies according to the family size, up to a pre-determined limit</li> <li>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</li> <li>Once you reach the Threshold amount you can then access to the Above Threshold Benefits</li> </ul>
STEP 3 ABOVE THRESHOLD BENEFITS (ATB)	<ul> <li>Above Threshold Benefits is the next layer of benefits you can access once you reach your Threshold</li> <li>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</li> <li>All claims will be paid in accordance to the Scheme tariff</li> <li>The Above Threshold Benefit limit also varies according to the family size</li> <li>Once you have exhausted your Above Threshold Benefit and you have additional savings available, your claim will continue to be paid from Savings</li> </ul>

#### 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



The following services are paid from your Personal Savings Account. Unless a specific sub-limit is stated, all services accumulate to the Overall Annual Limit.

FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL  Medshield Family Practitioner (FP) Network Consultations and Visits Out-of-Hospital	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply
Medshield Family Practitioner (FP) Network Consultations and Visits Out-of-Hospital	Threshold and Above Threshold Benefit apply
Consultations and Visits Out-of-Hospital	
Consultations and Visits Out-of-Hospital	2 per beneficiary from the Overall Annual Limit
·	once the Personal Savings Account has been deplete
MEDICAL SPECIALIST CONSULTATIONS AND VISITS	Subject to Personal Savings Account.
The use of the Medshield Specialist Network may apply.	Threshold and Above Threshold Benefit apply.
CASUALTY/EMERGENCY VISITS	Subject to Personal Savings Account.
Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is	Threshold and Above Threshold Benefit apply.
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.	
MEDICINES AND INJECTION MATERIAL	
Acute medicine	Cubicat to Darsand Covings Associat
	Subject to Personal Savings Account.
Medshield medicine pricing and formularies apply.	Threshold and Above Threshold Benefit apply.
Pharmacy Advised Therapy (PAT)  OPTICAL LIMIT	Limited to <b>R240</b> per script.  Subject to Personal Savings Account.
	Subject to Fersonal Savings Account.
Subject to relevant Optometry Managed Healthcare Programme and Protocols.	
Optometric refraction: (eye test)	1 test per beneficiary per 24 month optical cycle
	limited to the Personal Savings Account.
Spectacles AND Contact Lenses:	Subject to Personal Savings Account.
Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses	
Frames and/or Lens Enhancements:	Subject to Personal Savings Account.
Readers:	R170 per beneficiary per annum.
If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical	Subject to Personal Savings Account.
Practitioner or a Registered Pharmacy	
PATHOLOGY AND MEDICAL TECHNOLOGY	Subject to Personal Savings Account.
Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Personal Savings Account.
GENERAL RADIOLOGY	Subject to Personal Savings Account.
Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	<b>1 Bone Densitometry scan</b> per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY	Limited and included in the Specialised Radiology
Subject to pre-authorisation by the relevant Managed Healthcare Programme	Limit of R26 750 per family per annum.
on 086 000 2121 (+27 11 671 2011).	
NON-SURGICAL PROCEDURES AND TESTS	Subject to Personal Savings Account.
The use of the Medshield Specialist Network may apply.	Threshold and Above Threshold Benefit apply.
Non-Surgical Procedures	Subject to Personal Savings Account.
Non Gargioan Froodau Co	Threshold and Above Threshold Benefit apply.
Durandinan and Tasks in Durantition and manage	117
Procedures and Tests in Practitioners' rooms	Unlimited.
	Medshield Private Rates (up to 200%)  Refer to Addendum B for the list of services.
Routine Diagnostic Endoscopic Procedures in Practitioners' rooms	Unlimited.
Troume Diagnostic Endoscopic Procedures in Practitioners Tooms	Medshield Private Rates (up to 200%)
	Refer to the Addendum B for the list of services
MENTAL HEALTH	R5 000 per family per annum.
Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or	Limited to and included in the Mental Health Limit
Counsultations and visits, Procedures, Assessments, Therapy, Treatment and/or	of <b>R55 650</b> per family.
MIRENA DEVICE	1 per female beneficiary.
ncludes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done	Subject to Overall Annual Limit.
on the same day. Subject to the <b>4 year</b> clinical protocols. The use of the Medshield	,
Specialist Network may apply. Procedure to be performed in Practitioners' rooms.	
	0.1: 11.0
On application only.	Subject to Personal Savings Account
On application only. ADDITIONAL MEDICAL SERVICES	Subject to Personal Savings Account. Threshold Benefit applies.
On application only.  ADDITIONAL MEDICAL SERVICES  Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational	Subject to Personal Savings Account.  Threshold Benefit applies.
On application only.  ADDITIONAL MEDICAL SERVICES  Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners.	Threshold Benefit applies.
On application only.  ADDITIONAL MEDICAL SERVICES  Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational	

### **SMARTCARE** Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	1 visit per family subject to the Overall Annual Limit and thereafter subject to the Personal Savings Account.
FAMILY PRACTITIONER (FP) TELEPHONIC AND VIDEO CONSULTATIONS Consultations and visits Out-of-Hospital.	Subject to relevant benefit categories and limits.
MEDICAL SPECIALIST TELEPHONIC AND VIDEO CONSULTATIONS  This benefit includes Cardiologists, Gynaecologists, Oncologists, Paediatricians, Psychiatrists, Psychologists and Specialist Physicians.	Subject to relevant benefit categories and limits.
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for Covid-19.	Refer to page 20.



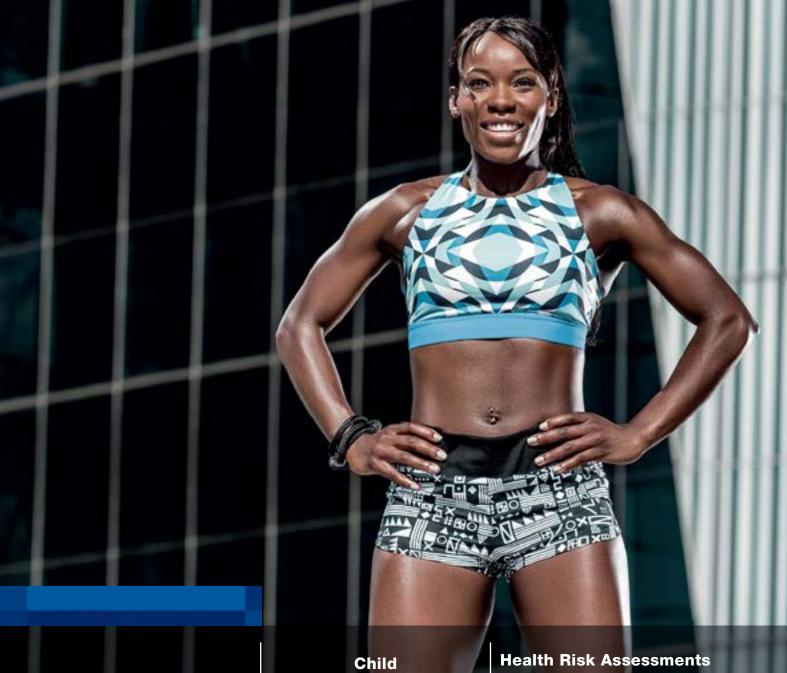
At 12 Years: Tetanus and Diphtheria (Td).

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/COMMENTS		
Adult Vaccination Including Travel Vaccinations	R1 600 per family per annum.		
Birth Control (Contraceptive Medication)	Restricted to <b>1 month's</b> supply to a maximum of <b>12 prescriptions</b> per annum per female beneficiary between the ages of <b>14 - 55 years old</b> , with a script limit of <b>R180</b> . Limited to the Scheme's Contraceptive formularies and protocols.		
Bone Density (for Osteoporosis and bone fragmentation)	1 per beneficiary 50+ years old every 3 years.		
Flu Vaccination	1 per beneficiary 18+ years old to a maximum of R100.		
Health Risk Assessment (Pharmacy or Family Practitioner)	<b>1 per beneficiary 18+ years</b> old per annum.		
HPV Vaccination (Human Papillomavirus)	1 course of 2 injections per female beneficiary, 9 - 13 years old. Subject to qualifying criteria.		
Mammogram (Breast Screening)	1 per female beneficiary 40+ years old every 2 years.		
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.		
Pap Smear	1 test per female beneficiary per annum.		
Pneumococcal Vaccination	1 per annum for high risk individuals and for beneficiaries 60+ years old.		
PSA Screening (Prostate specific antigen)	Subject to the  Personal Savings Account.		
TB Test	1 test per beneficiary.		
Child Immunisations: Immunisation programme as per the Depa	rtment 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), DTa Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatii	aP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), is B combined.		
At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Ace and Hepatitis B combined.	Ilular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B		
At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-rvaccine and Haemophilus influenza Type B and Hepatitis B combined.	BV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio		
At 6 Months: Measles MV(1).			
At 9 Months: Pneumococcal PVC (3), Chickenpox CP, Measles.			
At 12 Months: Measles MV(2).			
At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HB vaccine and Haemophilus influenza Type B and Hepatitis B combined.	V (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio		
At 6 Years: Tetanus and Diphtheria (Td), Polio.			



### The following tests are covered under the Health **Risk Assessment**

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

# **immunisation**

Through the following providers:

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

Can be obtained from:

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





# **Smart**Care

A FIRST in South Africa, Medshield Medical Scheme's **Smart**Care benefits offer 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.



Member visits **Smart**Care supported Pharmacy.



Nurse confirms
Medshield benefits.



Full medical history and clinical examination by registered nurse.



Recommends
Over-the-Counter medicine.



#### **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 Therapy Script Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours



Nurse advises that the member requires a doctor consultation. Nurse dials doctor

medical history, additional tests and

examination. Doctor generates script and

sends script to printer at Nurse's station,

while Nurse counsels the member.

Member collects medication from dispensary.





# Smart Care WhatsApp Dec

### **Medshield SmartCare**

COVID-19 WhatsApp Advice Line

To consistently provide access to care, Medshield has launched a WhatsApp channel where members can communicate with a doctor from the comfort of their home. By using this channel a doctor will be able to assess a patient for COVID-19.

> Not sure if you need to be tested for COVID-19? Use the Medshield SmartCare COVID-19

WhatsApp Advice Line for peace of mind!



#### Say 'Hi' to 087 250 0643

Service available on Mon - Fri: 09h00 to 17h00 and Sat: 09h00 to 13h00 T's & C's Apply.



A registered Doctor will respond with "Hi, I'm Dr X, I'll be helping you today."



Doctor requests your information e.g. name, age, symptoms and medical history.



Patient agrees to the terms and conditions of using the service.

Doctor reviews the initial questions and discusses with patient.



Doctor assesses all information. If you are:

### Suspected COVID-19 case:

Doctor assesses patient risk and ask for more information.



#### Not a suspected COVID-19 case:

Doctor provides relevant treatment or referral.

Doctor **refers patient** for testing.



T's & C's - You will receive advice from a Healthforce doctor over WhatsApp. All such doctors are registered with the Health Professions Council of South Africa and have been vetted by Healthforce. You cannot hold Healthforce, Medshield or anyone involved in this conversation responsible for injury or harm. This line is intended for advice and not to replace medical treatment. This chat will be saved on a 3rd party app, for the purposes of data collection and future review. We'll never share that information with a 3rd party unless it is required for your treatment. to fund your treatment or by law. You will be sharing your information on WhatsApp. Although encrypted, there is a small risk that an outsider can access information that is transmitted over the internet







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

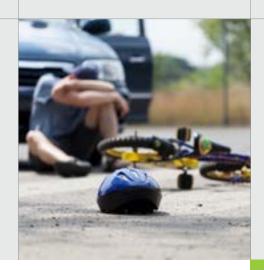
#### **BENEFIT CATEGORY BENEFIT LIMIT AND COMMENTS EMERGENCY MEDICAL SERVICES** Unlimited. Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation. Clinical Protocols apply.

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	R6 294	R1 259
Adult Dependant	R5 769	R1 154
Child*	R1 203	R241

\*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 overservicing 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 guery 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.

### **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 borders 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.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective 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;

lonizers 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;

Tooth Whitening;

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

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

Laboratory delivery fees.

#### **Crown and Bridge**

Crown on 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

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;

General anaesthetics, moderate/deep 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;

All general anaesthetics and moderate/deep 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 preauthorised 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.

#### **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 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 SAHPRA (South African Health Products Regulatory Authority) 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 preauthorised 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);

Breast reduction, benign breast disease;

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 wraparound 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);

Breast reduction, benign breast disease;

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,

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;

DSP applies);

Cryo-storage of foetal stemcells and sperm;

Holidays for recuperative purposes, accommodation in spa's, health resorts and places of rest, even if prescribed by a treating provider; 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 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





#### **DISCLAIMER**

s brochure acts as a summary and does not supersede the Registered Rules of the Scheme
All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.

Pending CMS Approval.

September 2020





Even the most secure people have moments when they need assurance. It's part of being human. As we navigate the uncertainty of current times and not knowing what to expect, our health cover is there to give us reassurance that we will be taken care of in times of sickness and feeling unwell.

Live Assured is the certainty people are looking for, knowing that they can enjoy life without the fear of what will happen in the event of illness - because Medshield puts their well-being first. Live Assured is the exhale people are longing for, that comes from trusting the promise Medshield has made and will uphold - to provide high level of care, attention and medical treatment should they need it. Medshield members Live Assured.



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### 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.

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







### 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-AUTHORISATION**

You must request pre-authorisation 72 hours before admission from the relevant Managed Healthcare Programme.

#### SPECIALIST SERVICES **PRE-AUTHORISATION**

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

### **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.

### **HOSPITALISATION COVER**

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

### **SCHEME RULES/ PROTOCOLS**

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



#### **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 this 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 the 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 Non-PMB Internal Prosthesis and Devices Voluntary use of a non-DSP for HIV & AIDS related medication Voluntary use of a non-DSP or a non-Medshield Pharmacy Network Voluntarily obtained out of formulary medication Voluntary use of a non-ICON provider - Oncology Voluntary use of a non-DSP provider - Chronic Renal Dialysis

In-Hospital Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to **Addendum B**) Functional Nasal surgery Laparoscopic procedures Arthroscopic procedures Wisdom Teeth Hernia Repair (except in infants) Back and Neck surgery Nissen Fundoplication

10% upfront co-payment 20% upfront co-payment 40% upfront co-payment

R1 000 upfront co-payment R1 000 upfront co-payment R2 000 upfront co-payment R2 000 upfront co-payment R2 000 upfront co-payment R3 000 upfront co-payment R4 000 upfront co-payment R5 000 upfront co-payment 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

Hysterectomy

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 286 000 2121 (+27 11 671 2011). Clinical Protocols apply.	Unlimited.  Specialist services from treating/attending Specialists are subject to pre-authorisation.	
SURGICAL PROCEDURES	Unlimited.	
As part of an authorised event.	Extended Benefit Cover (up to 200%)	
MEDICINE ON DISCHARGE FROM HOSPITAL	Limited to <b>R750</b> per admission.	
ncluded in the Hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	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 the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)		
ncludes the following: Physical Rehabilitation Sub-Acute Facilities Nursing Services Hospice Terminal Care	<b>R37 300</b> per family per annum. Subject to the Alternatives to Hospitalisation Limit.	
Clinical Protocols apply.		
GENERAL, MEDICAL AND SURGICAL APPLIANCES	R14 200 per family per annum.	
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)	<b>R800</b> per beneficiary per annum. Subject to Appliance Limit.	
Hearing Aids (including repairs)	Subject to Appliance Limit.	
Wheelchairs (including repairs)	Subject to Appliance Limit.	
Stoma Products and Incontinence Sheets related to Stoma Therapy	Unlimited if pre-authorised.	
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.		
DXYGEN THERAPY EQUIPMENT	Unlimited.	
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.		
HOME VENTILATORS	Unlimited.	
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.		

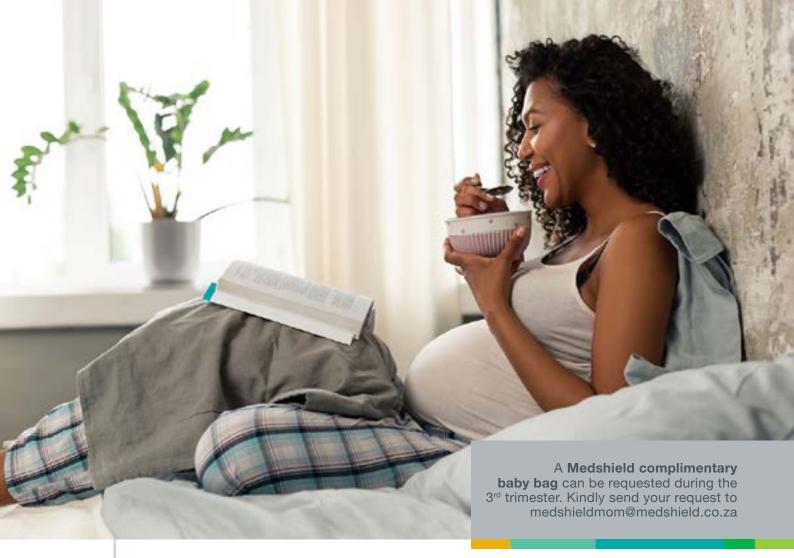
BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood)	Unlimited.
Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider.  Clinical Protocols apply.	
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS	Unlimited.
As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	Extended Benefit Cover (up to 200%)
REFRACTIVE SURGERY	R17 800 per family per annum.
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.	Including hospitalisation, if not authorised, payable from Day-to-Day Limit.
Includes the following:	
• Lasik	
Radial Keratotomy	
Phakic Lens Insertion	
Clinical Protocols apply.	
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	Unlimited.
CPAP Titration	Unlimited.
Clinical Protocols apply.	
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW)	Unlimited.
TRANSPLANTATION	Organ harvesting is limited to the Republic of South Africa.
Subject to pre-authorisation by the relevant Managed Healthcare Programme on	Work-up costs for donor in
086 000 2121 (+27 11 671 2011).  Includes the following:	Solid Organ Transplants included.
Immuno-Suppressive Medication	No benefits for international donor search costs.
Post Transplantation Biopsies and Scans	Haemopoietic stem cell (bone marrow)
Related Radiology and Pathology	transplantation is limited to allogenic grafts
Clinical Protocols apply.	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 In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this benefit guide.	<b>R2 650</b> per beneficiary per annum. Thereafter subject to Day-to-Day Limits.
PROSTHESIS AND DEVICES INTERNAL	R48 000 per family per annum.
Subject to pre-authorisation by the relevant Managed Healthcare Programme on	20% upfront co-payment for non-PMB.
086 000 2121 (+27 11 671 2011). Preferred Provider Network will apply. <b>Surgically Implanted Devices.</b>	<b>Sub-limit</b> for hips and knees: <b>R32 000</b> per beneficiary - subject to Prosthesis and Devices Internal Limit.
Clinical Protocols apply.	
Clinical Protocols apply.  PROSTHESIS EXTERNAL	Subject to Prosthesis and Devices Internal Limit.
	Subject to Prosthesis and Devices Internal Limit.  No co-payment applies to External Prosthesis.



Clinical Protocols apply.

# MAJOR Medical Benefits - In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
LONG LEG CALLIPERS	Subject to Prosthesis and Devices Internal Limit.
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.	No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY	Unlimited.
As part of an authorised event.  Clinical Protocols apply.	
SPECIALISED RADIOLOGY	R22 300 per family per annum.
Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	10% upfront co-payment for non-PMB.
Includes the following:	
<ul> <li>CT scans, MUGA scans, MRI scans, Radio Isotope studies</li> <li>CT Colonography (Virtual colonoscopy)</li> <li>Interventional Radiology replacing Surgical Procedures</li> <li>Clinical Protocols apply.</li> </ul>	Subject to Specialised Radiology Limit.  No co-payment applies to CT Colonography. <b>Unlimited.</b>
CHRONIC RENAL DIALYSIS	Unlimited.
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.	<b>40% upfront co-payment</b> for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
Haemodialysis and Peritoneal Dialysis includes the following:	
Material, Medication, related Radiology and Pathology	
Clinical Protocols apply.	
NON-SURGICAL PROCEDURES AND TESTS	Unlimited.
As part of an authorised event. The use of the Medshield Specialist Network may apply.	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,	R41 250 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.
Treatment and/or Counselling	
HIV & AIDS	As per Managed Healthcare Protocols.
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)	Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a <b>40% upfront co-payment.</b>
INFERTILITY INTERVENTIONS AND INVESTIGATIONS	Limited to interventions and investigations only.
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.	<b>Refer to Addendum A</b> for the 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.

### 12 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

R500 per family

For Antenatal Classes

Two 2D Scans per pregnancy.

One Amniocentesis test 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
  - Midwife consultations per pregnancy
  - Delivery by a registered Midwife or a Practitioner
  - Hire of water bath and oxygen cylinder

Clinical Protocols apply.

Unlimited. Unlimited. Unlimited. Extended Benefit Cover (up to 200%)

4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. Unlimited.



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)	R498 200 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.	<b>6 visits</b> per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation.	R210 400 per family per annum. Subject to Oncology Limit.
Macular Degeneration Clinical Protocols apply.	<b>R40 000</b> per family per annum. Subject to Oncology Limit.
BREAST RECONSTRUCTION (following an Oncology event only) 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.	R84 800 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.



# **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**. If the Chronic Medicine requirements are not registered and approved, it will pay from the Acute Medicine 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**

- The use of a Medshield Pharmacy Network Provider is applicable from Rand one.
- Supply of medication is limited to **one month** in advance.

### BENEFIT LIMIT AND COMMENTS

R14 850 per beneficiary per annum limited to
R29 700 per family per annum.

Medicines will be approved in line with the Medshield
Formulary, within and above limits.



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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY	
<ul> <li>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 2120 (+27 10 597 4701).     </li> <li>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.     </li> </ul>	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.	R17 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 Chrome Cobalt Frame 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	R18 800 per family per annum.
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.	Extended Benefit Cover (up to 200%) only applicable to Maxillo-facial Surgery.





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 = R11 550  M+1 = R16 200  M+2 = R18 000  M+3 = R19 800  M4+ = R21 400
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL	Subject to Day-to-Day Limit.
Medshield Family Practitioner (FP) Network     Consultations and Visits Out-of-Hospital	2 per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS	Subject to Day-to-Day Limit.
The use of the Medshield Specialist Network may apply.	
CASUALTY/EMERGENCY VISITS	Subject to Day-to-Day Limit.
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.	
MEDICINES AND INJECTION MATERIAL	
Acute medicine	Subject to Day-to-Day Limit.
Medshield Medicine Pricing and Formularies apply.	
Pharmacy Advised Therapy (PAT)	Subject to Day-to-Day Limit. Limited to <b>R240</b> 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.  Subject to Overall Annual Limit.
Optometric refraction (eye test)	<b>1 test</b> 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:	R1 050 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	R170 per beneficiary per annum. Subject to Overall Annual Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY	Subject to Day-to-Day Limit.
Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	
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. <b>1 Bone Densitometry scan</b> per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY	Limited to and included in Specialised Radiology
Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	Limit of <b>R22 300</b> per family per annum. <b>10% upfront co-payment</b> 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



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%)
Routine diagnostic Endoscopic Procedures in Practitioners' rooms	Refer to Addendum B for the list of services.  Unlimited.  Medshield Private Rates (up to 200%)  Refer to the Addendum B for the list of services.
MENTAL HEALTH	Limited to and included in the Mental Health Limit of
Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	R41 250 per family per annum.
MIRENA DEVICE	1 per female beneficiary.
Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the <b>4 year</b> clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms.	Subject to Overall Annual Limit.
On application only.	
ADDITIONAL MEDICAL SERVICES	Subject to Day-to-Day Limit.
Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners.	
ALTERNATIVE HEALTHCARE SERVICES	Subject to Day-to-Day Limit.
Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.	

# **SMARTCARE** Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	1 visit per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.
FAMILY PRACTITIONER (FP) TELEPHONIC AND VIDEO CONSULTATIONS Consultations and visits Out-of-Hospital.	Subject to relevant benefit categories and limits.
MEDICAL SPECIALIST TELEPHONIC AND VIDEO CONSULTATIONS  This benefit includes Cardiologists, Gynaecologists, Oncologists, Paediatricians, Psychiatrists, Psychologists and Specialist Physicians.	Subject to relevant benefit categories and limits.
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for Covid-19.	Refer to page 21.



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/COMMENTS
Adult Vaccination Including Travel Vaccinations	R1 600 per family per annum.
Birth Control (Contraceptive Medication)	Restricted to <b>1 month's</b> supply to a maximum of <b>12 prescriptions</b> per annum per female beneficiary between the ages of <b>14 - 55 years</b> old, with a script limit of <b>R180</b> . Limited to the Scheme's Contraceptive formularies and protocols.
Bone Density (for Osteoporosis and bone fragmentation)	1 per beneficiary 50+ years old every 3 years.
Flu Vaccination	1 per beneficiary 18+ years old to a maximum of R100.
Health Risk Assessment (Pharmacy or Family Practitioner)	1 per beneficiary 18+ years old per annum.
HPV Vaccination (Human Papillomavirus)	1 course of 2 injections per female beneficiary, 9 - 13 years old. Subject to qualifying criteria.
Mammogram (Breast Screening)	1 per female beneficiary 40+ years old every 2 years.
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.
Pap Smear	1 test per female beneficiary per annum.
Pneumococcal Vaccination	<b>1 per annum</b> for high risk individuals and for beneficiaries <b>60+ years</b> old.
PSA Screening (Prostate specific antigen)	Subject to the  Personal Savings Account.
TB Test	1 test per beneficiary.

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, Measles.

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), Polio.

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.

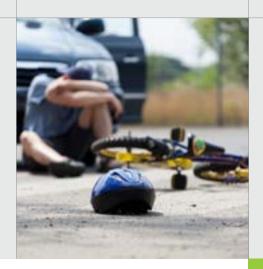
### 24 Hour access to the Emergency **Operation Centre**

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	R6 147
Adult Dependant	R4 320
Child*	R1 281

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



# **Smart**Care

A FIRST in South Africa, Medshield Medical Scheme's **Smart**Care benefits offer 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.



Member visits SmartCare

supported Pharmacy.



**2.** 

Nurse confirms Medshield benefits.



3.

Full medical history and clinical examination by registered nurse.



4.

Recommends
Over-the-Counter medicine.



### **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 Therapy Script Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours



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.



# Smart Care WhatsApp Dec

### **Medshield SmartCare**

COVID-19 WhatsApp Advice Line

To consistently provide access to care, Medshield has launched a WhatsApp channel where members can communicate with a doctor from the comfort of their home. By using this channel a doctor will be able to assess a patient for COVID-19.

> Not sure if you need to be tested for COVID-19? Use the Medshield SmartCare COVID-19

WhatsApp Advice Line for peace of mind!



### Say 'Hi' to 087 250 0643

Service available on Mon - Fri: 09h00 to 17h00 and Sat: 09h00 to 13h00 T's & C's Apply.



A registered Doctor will respond with "Hi, I'm Dr X, I'll be helping you today."



Doctor requests your information e.g. name, age, symptoms and medical history.



Patient agrees to the terms and conditions of using the service.

Doctor reviews the initial questions and discusses with patient.



Doctor assesses all information. If you are:

### **Suspected COVID-19 case:**

Doctor assesses patient risk and ask for more information.



### Not a suspected COVID-19 case:

Doctor provides relevant treatment or referral.

Doctor **refers patient** for testing.



T's & C's - You will receive advice from a Healthforce doctor over WhatsApo. All such doctors are registered with the Health Professions Council of South Africa and have been vetted by Healthforce. You cannot hold Healthforce, Medshield or anyone involved in this conversation responsible for injury or harm. This line is intended for advice and not to replace medical treatment. This chat will be saved on a 3rd party app, for the purposes of data collection and future review. We'll never share that information with a 3rd party unless it is required for your treatment, to fund your treatment. or by law. You will be sharing your information on WhatsApp. Although encrypted, there is a small risk that an outsider can access information that is transmitted over the internet







# 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 overservicing 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 guery 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 borders 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.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective 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

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

### 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.

# 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;

lonizers 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;

Tooth Whitening;

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

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 on 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;

General anaesthetics, moderate/deep 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;

All general anaesthetics and moderate/deep 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.

#### **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 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 SAHPRA (South African Health Products Regulatory Authority) 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 preauthorised 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 wraparound 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);

Breast reduction, benign breast disease;

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,

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;

DSP applies);

Cryo-storage of foetal stemcells and sperm;

Holidays for recuperative purposes, accommodation in spa's, health resorts and places of rest, even if prescribed by a treating provider; 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** 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



### DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.

All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.

Pending CMS Approval.

September 2020.





Even the most secure people have moments when they need assurance. It's part of being human. As we navigate the uncertainty of current times and not knowing what to expect, our health cover is there to give us reassurance that we will be taken care of in times of sickness and feeling unwell.

Live Assured is the certainty people are looking for, knowing that they can enjoy life without the fear of what will happen in the event of illness - because Medshield puts their well-being first. Live Assured is the exhale people are longing for, that comes from trusting the promise Medshield has made and will uphold - to provide high level of care, attention and medical treatment should they need it. Medshield members Live Assured.



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## 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.

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







### 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-AUTHORISATION**

You must request pre-authorisation 72 hours before admission from the relevant Managed Healthcare Programme.

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

### **HOSPITALISATION COVER**

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

#### CHRONIC **MEDICINE BENEFITS**



#### **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 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 this 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 e.g. website and Android or Apple apps, or from the Medshield Contact Centre.

## Your claims will be covered as follows:

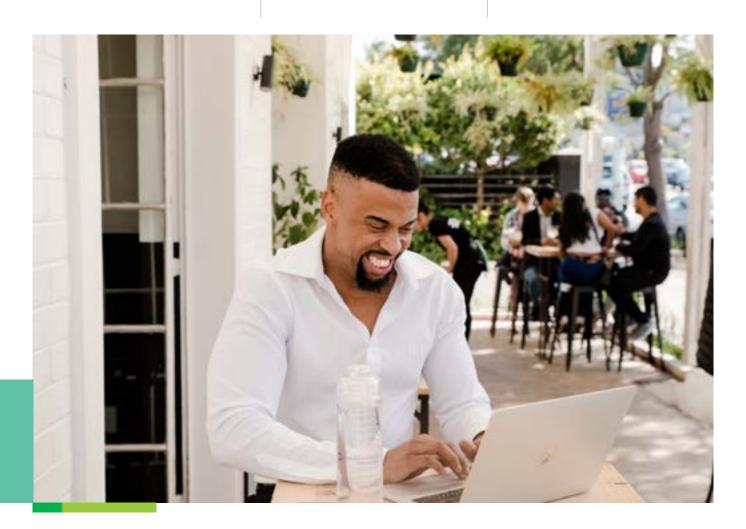
MEDICINES PAID AT 100% OF THE LOWER OF THE COST of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare protocols.

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 Specialised Drugs for Oncology, non-Oncology and Biological Drugs Non-PMB Internal Prosthesis and Devices

Voluntary use of a non-Compact Network Hospital

Voluntary use of a non-Compact Network Hospital - Mental Health

Voluntary use of a non-Compact Network Hospital - Organ, Tissue and

Haemopoietic stem cell (Bone marrow) transplant

Voluntary use of a non-DSP for HIV & AIDS related medication

Voluntary use of a non-DSP or a non-Medshield Pharmacy Network

Voluntarily obtained out of formulary medication

Voluntary use of a non-ICON provider - Oncology

Voluntary use of a non-DSP provider - Chronic Renal Dialysis

### In-Hospital Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to Addendum B)

Hernia Repair (except in infants)

Laparoscopic procedures

Arthroscopic procedures

Wisdom Teeth

Nissen Fundoplication

Hysterectomy

Functional Nasal surgery

Back and Neck surgery

10% upfront co-payment

20% upfront co-payment

25% upfront co-payment 25% upfront co-payment

25% upfront co-payment

25% upfront co-payment

40% upfront co-payment

R1 500 upfront co-payment

R3 000 upfront co-payment

R3 500 upfront co-payment

R3 500 upfront co-payment

R3 500 upfront co-payment

R5 000 upfront co-payment

R5 000 upfront co-payment

R5 000 upfront co-payment

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	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.	<b>Unlimited.</b> 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 <b>R650</b> 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	R66 800 per family per annum.
Terminal Care	<b>R37 100</b> per family per annum. Subject to the Alternatives to Hospitalisation Limit.
Clinical Protocols apply.	Po 000 (6)
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.	<b>R9 900</b> per family per annum.
Hiring or buying of Appliances, External Accessories and Orthotics:     Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure     Monitors (motivation required)	R800 per beneficiary per annum. Subject to Appliance Limit.
Hearing Aids (including repairs)	Subject to Appliance Limit.
Wheelchairs (including repairs)	Subject to Appliance Limit.
Stoma Products and Incontinence Sheets related to Stoma Therapy	Unlimited if pre-authorised.
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.	Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT	Unlimited.
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.	
HOME VENTILATORS	Unlimited.
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.	

#### BENEFIT LIMIT AND COMMENTS **BENEFIT CATEGORY BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS** Unlimited. (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. REFRACTIVE SURGERY R9 350 per family per annum. Including hospitalisation, if not authorised, payable from Subject to pre-authorisation by the relevant Managed Healthcare Programme on Personal Savings Account. 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. **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** Unlimited. **CPAP Titration** Unlimited. Clinical Protocols apply. ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) R265 000 per family per annum. **TRANSPLANTATION** 25% upfront co-payment for the use of a non-Compact Network Hospital. Subject to pre-authorisation by the relevant Managed Healthcare Programme on Organ harvesting is limited to the Republic of South 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Africa. Work-up costs for donor Hospital Network. in Solid Organ Transplants included. Includes the following: No benefits for international donor search costs. **Immuno-Suppressive Medication** Haemopoietic stem cell (bone marrow) transplantation is **Post Transplantation Biopsies and Scans** limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry. **Related Radiology and Pathology** Clinical Protocols apply. PATHOLOGY AND MEDICAL TECHNOLOGY Unlimited. As part of an authorised event, and excludes allergy and vitamin D testing. Clinical Protocols apply. **PHYSIOTHERAPY** R2 650 per beneficiary per annum. In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Thereafter subject to Personal Savings Account. Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this guide. PROSTHESIS AND DEVICES INTERNAL R44 200 per family per annum. 25% upfront co-payment for non-PMB. Subject to pre-authorisation by the relevant Managed Healthcare Programme on Sub-limit for hips and knees: R32 000 per beneficiary 086 000 2121 (+27 11 671 2011) and services must be obtained from the - subject to Prosthesis and Devices Internal Limit. Compact Hospital Network. Preferred Provider Network will apply. Surgically Implanted Devices. Clinical Protocols apply. **PROSTHESIS EXTERNAL** Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis. 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.

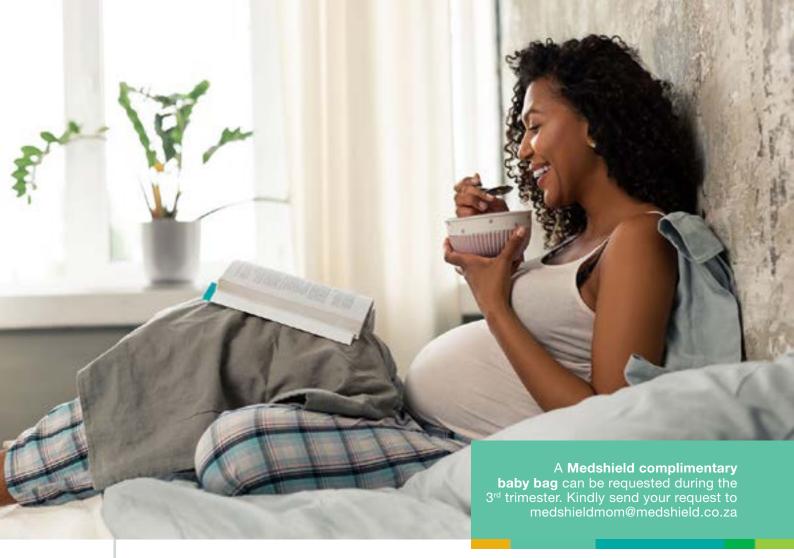


## MAJOR Medical Benefits - In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
LONG LEG CALLIPERS	Subject to Prosthesis and Devices Internal Limit.
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.	No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY	Unlimited.
As part of an authorised event.  Clinical Protocols apply.	
SPECIALISED RADIOLOGY	R19 750 per family per annum.
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.	10% upfront co-payment for non-PMB.
Includes the following:	
<ul> <li>CT scans, MUGA scans, MRI scans, Radio Isotope studies</li> <li>CT Colonography (Virtual colonoscopy)</li> <li>Interventional Radiology replacing Surgical Procedures</li> <li>Clinical Protocols apply.</li> </ul>	Subject to Specialised Radiology Limit.  No co-payment applies to the CT Colonography.  Unlimited.
CHRONIC RENAL DIALYSIS	R265 000 per family per annum.
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.	40% upfront co-payment for the use of a non-DSP.  Use of a DSP applicable from Rand one for  PMB and non-PMB.
Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology Clinical Protocols apply.	
NON-SURGICAL PROCEDURES AND TESTS	Unlimited.
As part of an authorised event. The use of the Medshield Specialist Network may apply.	
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.	R41 700 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.
<ul> <li>Rehabilitation for Substance Abuse</li> <li>1 rehabilitation programme per beneficiary per annum</li> <li>Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling</li> </ul>	R15 000 per family per annum.  Limited to and included in the Mental Health Limit.  Subject to Mental Health Limit.
HIV & AIDS	As per Managed Healthcare Protocols.
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:	
<ul> <li>Anti-retroviral and related medicines</li> <li>HIV/AIDS related Pathology and Consultations</li> <li>National HIV Counselling and Testing (HCT)</li> </ul>	Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a <b>40% upfront co-payment.</b>
INFERTILITY INTERVENTIONS AND INVESTIGATIONS	Limited to interventions and investigations only.
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.	<b>Refer to Addendum A</b> for the list of procedures and blood tests.

The use of the Medshield Specialist Network may apply.

Clinical Protocols apply.





### **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.

#### 12 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

R500 per family

For Antenatal Classes

Two 2D Scans per pregnancy.

**One Amniocentesis test** 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
  - Midwife consultations per pregnancy
  - Delivery by a registered Midwife or a Practitioner
  - Hire of water bath and oxygen cylinder

Clinical Protocols apply.

Unlimited. Unlimited. Unlimited.

4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. Unlimited.



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)	R333 900 per family per annum.
<ul> <li>Active Treatment         Including Stoma Therapy, Incontinence Therapy and Brachytherapy.     </li> </ul>	Subject to Oncology Limit.  ICON Standard Protocols apply.
Oncology Medicine	R222 600 per family per annum. Subject to Oncology Limit ICON Standard Protocols apply.
<ul> <li>Radiology and Pathology</li> <li>Only Oncology related Radiology and Pathology as part of an authorised event.</li> </ul>	Subject to Oncology Limit.
PET and PET-CT     Limited to 1 Scan per family per annum.	R21 200 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.	<b>6 visits</b> 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.	<b>R40 000</b> per family per annum. Subject to Oncology Medicine Limit.
BREAST RECONSTRUCTION (following an Oncology event only)	R84 800 per family per annum.
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.	Co-payment and Prosthesis limit as stated under Prosthesis is not applicable for the Breast Prosthesis.



## **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**. If the Chronic Medicine requirements are not registered and approved, it will pay from the Acute Medicine 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**

- The use of a Medshield Pharmacy Network Provider is applicable from Rand one.
- Supply of medication is limited to one month in advance.

#### **BENEFIT LIMIT AND COMMENTS**

Limited to PMB only.

Medicines will be approved in line with the

Medshield **Formulary**, and is applicable from Rand one.



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 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 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	R12 500 per family per annum.
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.	
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. <b>R3 500</b> 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 Chrome Cobalt Frame 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	R19 700 per family per annum.
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.	



allocated six months in advance.

subject to the use of the Medshield Pharmacy Network and Managed Healthcare Protocols.

of such fee 100% of the cost or Scheme Tariff.

**Smart**Care

SmartCare provides access to Videomed, telephone and video consultation through specified healthcare practitioners.

SmartCare is an evolving healthcare benefit that is designed around offering our members the convenience of easy access to care.



The following services are paid from your Personal Savings Account. Unless a specific sub-limit is stated, all services accumulate to the Overall Annual Limit.

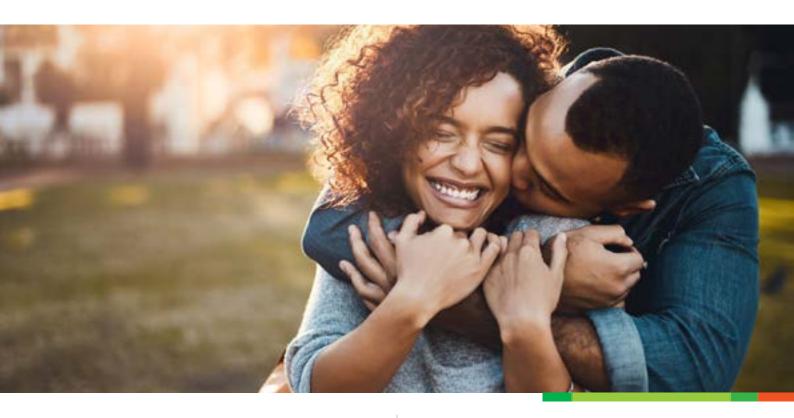
BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL	Subject to Personal Savings Account.
<ul> <li>Medshield Family Practitioner (FP) Network         Consultations and Visits Out-of-Hospital     </li> </ul>	2 per beneficiary from the Overall Annual Limit once the Personal Savings Account has been depleted.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS	Subject to Personal Savings Account.
The use of the Medshield Specialist Network may apply.	
CASUALTY/EMERGENCY VISITS	Subject to Personal Savings Account.
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.	
MEDICINES AND INJECTION MATERIAL	
Acute medicine	Subject to Personal Savings Account.
Medshield medicine pricing and formularies apply.	
Pharmacy Advised Therapy (PAT)	Subject to Personal Savings Account. Limited to <b>R240</b> per script.
OPTICAL LIMIT	Subject to Personal Savings Account.
Subject to relevant Optometry Managed Healthcare Programme and Protocols.	
Optometric Refraction (eye test)	1 test per beneficiary per 24 month optical cycle. Limited to Personal Savings Account.
Spectacles AND Contact Lenses:	Subject to Personal Savings Account.
Single Vision Lenses, Bifocal Lenses, Mutifocal Lenses, Contact Lenses	
Frames and/or Lens Enhancements:	Subject to Personal Savings Account.
Readers:	R170 per beneficiary per annum.
If supplied by a registered Optometrist, Opthalmologist, Supplementary Optical Practitioner, or a Registered Pharmacy	Subject to Personal Savings Account.
PATHOLOGY AND MEDICAL TECHNOLOGY	Subject to Personal Savings Account.
Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Personal Savings Account.
GENERAL RADIOLOGY	Subject to Personal Savings Account.
Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	<b>1 Bone Densitometry scan</b> per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY	Limited to and included in the Specialised
Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)	Radiology Limit of <b>R19 750</b> per family per annum. <b>10% upfront co-payment</b> for non-PMB.
NON-SURGICAL PROCEDURES AND TESTS  The use of the Medshield Specialist Network may apply.	Subject to Personal Savings Account.
Non-Surgical Procedures	Subject to Personal Savings Account.
Procedures and Tests in Practitioners' rooms	Unlimited.
Routine diagnostic Endoscopic Procedures in Practitioners' rooms	Refer to Addendum B for the list of services.  Unlimited.  Refer to Addendum B for the list of services.
MENTAL HEALTH	
MENTAL HEALTH  Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	<b>R5 000</b> per family per annum.  Limited to and included in the Mental Health Limit  of <b>R41 700</b> .

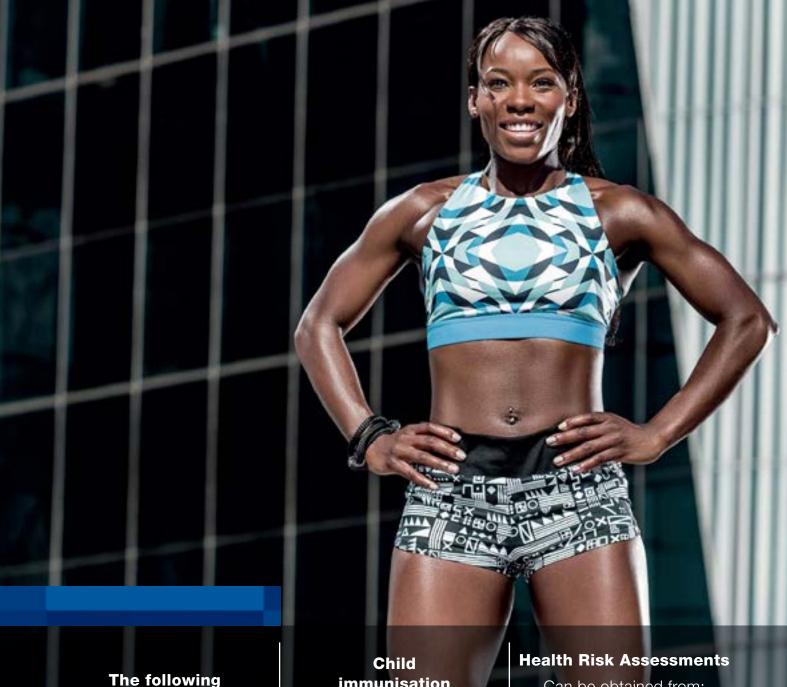


BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
MIRENA DEVICE Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the 4 year clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms.  On application only.	<b>1 per female</b> 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.

## **SMARTCARE** Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS	
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.	
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	visit per family subject to the     Overall Annual Limit and thereafter subject to the     Personal Savings Account.	
FAMILY PRACTITIONER (FP) TELEPHONIC AND VIDEO CONSULTATIONS Consultations and visits Out-of-Hospital.	Subject to relevant benefit categories and limits.	
MEDICAL SPECIALIST TELEPHONIC AND VIDEO CONSULTATIONS  This benefit includes Cardiologists, Gynaecologists, Oncologists, Paediatricians,  Psychiatrists, Psychologists and Specialist Physicians.	Subject to relevant benefit categories and limits.	
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for Covid-19.	Refer to page 20.	





## tests are covered under the Health **Risk Assessment**

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

## immunisation

Through the following providers:

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

Can be obtained from:

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





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/COMMENTS
Adult Vaccination	R400 per family per annum.
Birth Control (Contraceptive Medication)	Restricted to <b>1 month's</b> supply to a maximum of <b>12 prescriptions</b> per annum per female beneficiary between the ages of <b>14 - 55 years old</b> , with a script limit of <b>R180</b> . Limited to the Scheme's Contraceptive formularies and protocols.
Bone Density (for Osteoporosis and bone fragmentation)	1 per beneficiary 50+ years old every 3 years.
Flu Vaccination	1 per beneficiary 18+ years old to a maximum of R100.
Health Risk Assessment (Pharmacy or Family Practitioner)	1 per beneficiary 18+ years old per annum.
HPV Vaccination (Human Papillomavirus)	1 course of 2 injections per female beneficiary, 9 - 13 years old. Subject to qualifying criteria.
Mammogram (Breast Screening)	1 per female beneficiary 40+ years old every 2 years.
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.
Pap Smear	1 test per female beneficiary per annum.
Pneumococcal Vaccination	per annum for high risk individuals     and for beneficiaries 60+ years old.
PSA Screening (Prostate specific antigen)	Subject to the  Personal Savings Account.
TB Test	1 test per beneficiary.

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, Measles.

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), Polio.

At 12 Years: Tetanus and Diphtheria (Td).



# **Smart**Care

A FIRST in South Africa, Medshield Medical Scheme's **Smart**Care benefits offer 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.



#### **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 Therapy Script as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours



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.



# Smart Care WhatsApp Dec

### **Medshield SmartCare**

COVID-19 WhatsApp Advice Line

To consistently provide access to care, Medshield has launched a WhatsApp channel where members can communicate with a doctor from the comfort of their home. By using this channel a doctor will be able to assess a patient for COVID-19.

> Not sure if you need to be tested for COVID-19? Use the Medshield SmartCare COVID-19

WhatsApp Advice Line for peace of mind!



#### Say 'Hi' to 087 250 0643

Service available on Mon - Fri: 09h00 to 17h00 and Sat: 09h00 to 13h00 T's & C's Apply.



A registered Doctor will respond with "Hi, I'm Dr X, I'll be helping you today."



Doctor requests your information e.g. name, age, symptoms and medical history.



Patient agrees to the terms and conditions of using the service.

Doctor reviews the initial questions and discusses with patient.



Doctor assesses all information. If you are:

### **Suspected COVID-19 case:**

Doctor assesses patient risk and ask for more information.



### Not a suspected COVID-19 case:

Doctor provides relevant treatment or referral.

Doctor **refers patient** for testing.



T's & C's - You will receive advice from a Healthforce doctor over WhatsApo. All such doctors are registered with the Health Professions Council of South Africa and have been vetted by Healthforce. You cannot hold Healthforce, Medshield or anyone involved in this conversation responsible for injury or harm. This line is intended for advice and not to replace medical treatment. This chat will be saved on a 3rd party app, for the purposes of data collection and future review. We'll never share that information with a 3rd party unless it is required for your treatment, to fund your treatment or by law. You will be sharing your information on WhatsApp. Although encrypted, there is a small risk that an outsider can access information that is transmitted over the interne







## **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**

#### **EMERGENCY MEDICAL SERVICES**

Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation.

Clinical Protocols apply.

#### **BENEFIT LIMIT AND COMMENTS**

Unlimited.

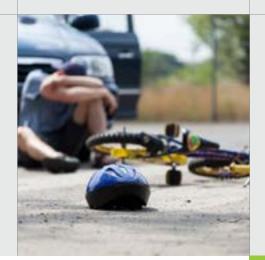
### 24 Hour access to the Emergency **Operation Centre**

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 666	R550
Adult Dependant	R3 036	R455
Child*	R894	R134

<sup>\*</sup>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 overservicing 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 guery 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.

### **DIRECTORY** of Medshield MediServer 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 borders 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.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective 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;

lonizers 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;

Tooth Whitening;

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 on 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;

General anaesthetics, moderate/deep 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;

All general anaesthetics and moderate/deep 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 preauthorised 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.

#### **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 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 SAHPRA (South African Health Products Regulatory Authority) 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 preauthorised 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 wraparound 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);

Breast reduction, benign breast disease;

Erectile dysfunction surgical procedures;

Gender reassignment medical or surgical treatment;

Genioplasties as an isolated procedure (unless PMB level of care,

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,

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;

DSP applies);

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; 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** 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





#### **DISCLAIMER**

All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.

Pending CMS Approval.

September 2020.





Even the most secure people have moments when they need assurance. It's part of being human. As we navigate the uncertainty of current times and not knowing what to expect, our health cover is there to give us reassurance that we will be taken care of in times of sickness and feeling unwell.

Live Assured is the certainty people are looking for, knowing that they can enjoy life without the fear of what will happen in the event of illness - because Medshield puts their well-being first. Live Assured is the exhale people are longing for, that comes from trusting the promise Medshield has made and will uphold - to provide high level of care, attention and medical treatment should they need it. Medshield members Live Assured.



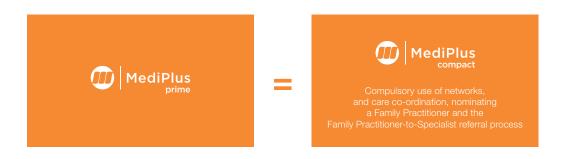
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### MediPlus Benefit Option

**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**.



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





#### 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-AUTHORISATION**

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

#### **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.

### equipment, theatre and/or ward drugs, pharmaceuticals and/or surgical items.

accommodation, theatre costs, hospital

**HOSPITALISATION COVER** 

Cover for hospitalisation includes

#### **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. A co-payment will apply if members on MediPlus Compact use Medical Specialists without referral, pre-authorisation or use non-Network providers.

#### **NETWORKS**

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

### Your claims will be covered as follows:

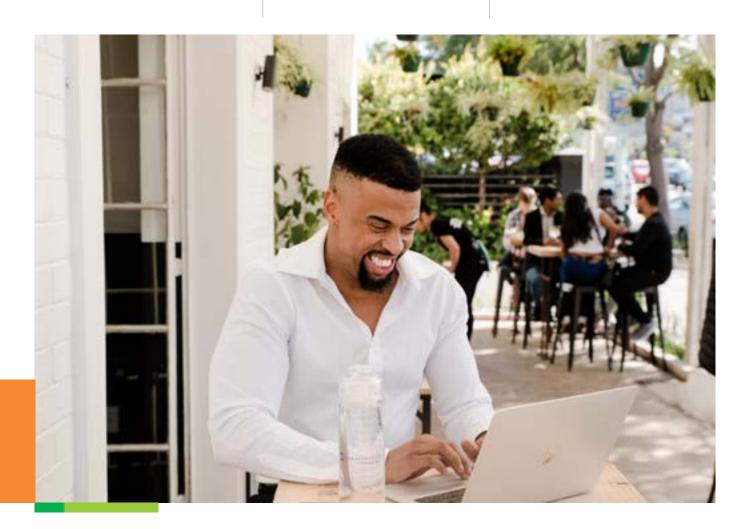
**MEDICINES PAID AT 100% OF THE** LOWER OF THE COST of the SEP of a product plus a negotiated dispensing fee, subject to the use of the Medshield Pharmacy Network and Managed Healthcare protocols.

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
- 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 Specialised Drugs for Oncology, non-Oncology and Biological Drugs

Non-PMB Internal Prosthesis and Devices

Voluntary use of a non-Medshield Network Hospital

Voluntary use of a non-Medshield Network Hospital - Mental Health

Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and

Haemopoietic stem cell (Bone marrow) transplant

Voluntary use of a non-DSP for HIV & AIDS related medication

Voluntary use of a non-DSP or a non-Medshield Pharmacy Network

Voluntarily obtained out of formulary medication

Voluntary use of a non-ICON provider - Oncology

Voluntary use of a non-DSP provider - Chronic Renal Dialysis

#### In-Hospital Procedural upfront co-payments for non-PMB

Endoscopic procedures (refer to Addendum B)

Functional Nasal surgery

Hernia Repair (except in infants)

Laparoscopic procedures

Arthroscopic procedures

Wisdom Teeth

Nissen Fundoplication

Hysterectomy

Back and Neck surgery

10% upfront co-payment 15% upfront co-payment

20% upfront co-payment

25% upfront co-payment 25% upfront co-payment

25% upfront co-payment

40% upfront co-payment

40% upfront co-payment 40% upfront co-payment

40% upfront co-payment

40% upfront co-payment

R1 500 upfront co-payment

R1 500 upfront co-payment

R3 000 upfront co-payment

R3 500 upfront co-payment

R3 500 upfront co-payment

R3 500 upfront co-payment R5 000 upfront co-payment

R5 000 upfront co-payment

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

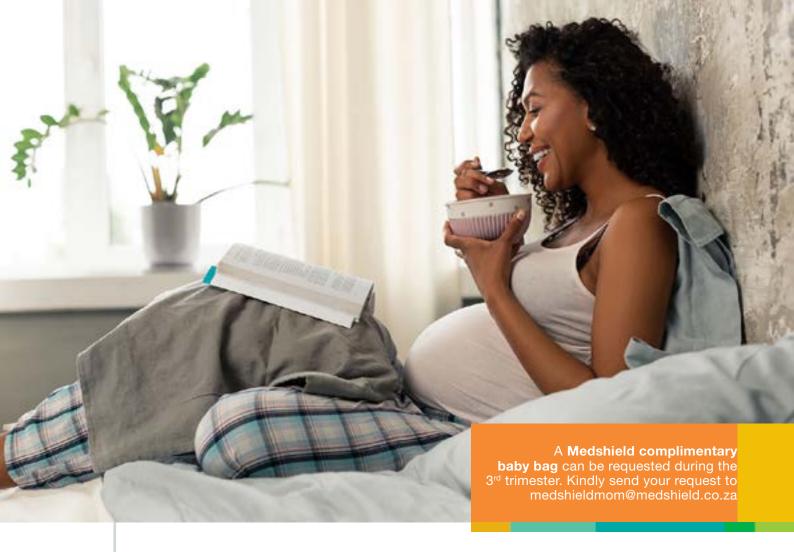
BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
OVERALL ANNUAL LIMIT	<b>Unlimited.</b> The use of the Prime Hospital Network applies.	<b>Unlimited.</b> The use of the Compact Hospital Network applies.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare 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 <b>R550</b> per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.	Limited to <b>R550</b> 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 preauthorisation 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	R63 450 per family per annum.	R63 450 per family per annum.
Terminal Care  Clinical Protocols apply.	R37 100 per family per annum. Subject to the Alternatives to Hospitalisation Limit.	R37 100 per family per annum. Subject to the Alternatives to Hospitalisation Limit.
<b>GENERAL, MEDICAL AND SURGICAL APPLIANCES</b> 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.	R9 300 per family per annum.	R9 300 per family per annum.
Hiring or buying of Appliances, External Accessories and Orthotics:     Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors (motivation required)	R800 per beneficiary per annum. Subject to Appliance Limit.	R800 per beneficiary per annum. Subject to Appliance Limit.
Hearing Aids (including repairs)	Subject to Appliance Limit.	Subject to Appliance Limit.
Wheelchairs (including repairs)	Subject to Appliance Limit.	Subject to Appliance Limit.
Stoma Products and Incontinence Sheets related to Stoma Therapy	Unlimited if pre-authourised.	Unlimited if pre-authourised.
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.	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.	Unlimited.
HOME VENTILATORS	Unlimited.	Unlimited.
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.		
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.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS	Unlimited.	Unlimited.
As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.		
REFRACTIVE SURGERY	R9 400 per family per annum.	R9 400 per family per annum.
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.	Including hospitalisation, if not authorised, payable from Day-to-Day Limits.	Including hospitalisation, if not authorised, payable from Day-to-Day Limits.
Includes the following:		
• Lasik		
Radial Keratotomy		
Phakic Lens Insertion		
Clinical Protocols apply.		
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	Unlimited.	Unlimited.
CPAP Titration	Unlimited.	Unlimited.
Clinical Protocols apply.		
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:	R148 400 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. Workup costs for donor in Solid Organ	R148 400 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	Transplants included. No benefits
Immuno-Suppressive Medication     Post Transplantation Biopsies and Scans	for international donor search costs.  Haemopoietic stem cell (bone marrow)	for international donor search costs.  Haemopoietic stem cell (bone marrow)
Related Radiology and Pathology	transplantation is limited to allogenic	transplantation is limited to allogenic
Clinical Protocols apply.	grafts and autologous grafts derived from the South African Bone Marrow Registry.	grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY	Unlimited.	Unlimited.
As part of an authorised event, and excludes allergy and vitamin D testing. Clinical Protocols apply.		
PHYSIOTHERAPY In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this benefit guide.	R2 650 per beneficiary per annum.  Thereafter subject to Day-to-Day Limits.	R2 650 per beneficiary per annum. Thereafter subject to Day-to-Day Limits.
PROSTHESIS AND DEVICES INTERNAL	R36 600 per family per annum.	R36 600 per family per annum.
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.	20% upfront co-payment for non- PMB.	<b>20% upfront co-payment</b> for non-PMB.
Surgically Implanted Devices. Clinical Protocols apply.	<b>Sub-limit</b> for hips and knees: <b>R32 000</b> per beneficiary - subject to  Prosthesis and Devices Internal Limit.	<b>Sub-limit</b> for hips and knees: <b>R32 000</b> per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL	Subject to Prosthesis and Devices	Subject to Prosthesis and Devices
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.	Internal Limit. No co-payment applies to External Prosthesis.	Internal Limit.  No co-payment applies to External  Prosthesis.
LONG LEG CALLIPERS	Subject to Prosthesis and Devices	Subject to Prosthesis and Devices
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.	Internal Limit.  No co-payment applies to External  Prosthesis.	Internal Limit.  No co-payment applies to External  Prosthesis.



# MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
GENERAL RADIOLOGY As part of an authorised event. Clinical Protocols apply.	Unlimited.	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.	R12 750 per family per annum.  10% upfront co-payment for non-PMB.	R12 750 per family per annum.  10% upfront co-payment for non-PMB.
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 Specialised Radiology Limit. <b>Unlimited.</b>	Subject to Specialised Radiology Limit. <b>Unlimited.</b>
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:	R185 500 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.	R185 500 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.
Material, Medication, related Radiology and Pathology Clinical Protocols apply.		
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.	R31 200 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.	R31 200 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.
<ul> <li>Rehabilitation for Substance Abuse         <ul> <li>1 rehabilitation programme per beneficiary per annum</li> </ul> </li> <li>Consultations and Visits, Procedures, Assessments, Therapy,         <ul> <li>Treatment and/or Counselling</li> </ul> </li> </ul>	Subject to Mental Health Limit.  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.	As per Managed Healthcare Protocols.	As per Managed Healthcare Protocols.
Includes the following:  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.	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 the list of procedures and blood tests.	Limited to interventions and investigations only.  Refer to Addendum A for the 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.

#### **MediPlus Prime and MediPlus Compact Benefits:**

#### 12 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

R500 per family

For Antenatal Classes

Two 2D Scans per pregnancy.

One Amniocentesis test 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
  - Midwife consultations per pregnancy
  - Delivery by a registered Midwife or a Practitioner
  - Hire of water bath and oxygen cylinder

#### Clinical Protocols apply.

#### **Prime Benefit Limit/Comments**

Unlimited.

Unlimited.

Unlimited.

**Use of Prime Network Applies** 

4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. Unlimited.

#### **Compact Benefit Limit/Comments**

Unlimited.

Unlimited.

Unlimited.

**Use of Compact Network Applies** 

4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. 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	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
ONCOLOGY LIMIT (40% upfront co-payment for the use of a non-DSP)	R254 400 per family per annum.	R254 400 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)	R117 700 per family per annum. Subject to Oncology Medicine Limit. 15% upfront co-payment for non- PMB.	R117 700 per family per annum. Subject to Oncology Medicine Limit. 15% upfront co-payment for non- PMB.
Macular Degeneration Clinical Protocols apply.	<b>R40 000</b> per family per annum. Subject to Oncology Medicine Limit.	<b>R40 000</b> per family per annum. Subject to Oncology Medicine Limit.
BREAST RECONSTRUCTION (following an Oncology event only) 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.	R84 800 per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.	R84 800 per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.



## **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**. If the Chronic Medicine requirements are not registered and approved, it will pay from the Acute Medicine 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**

- 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.

#### PRIME BENEFIT LIMIT/COMMENTS

R6 725 per beneficiary per annum limited to R13 450 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.

#### COMPACT BENEFIT LIMIT/COMMENTS

R6 725 per beneficiary per annum limited to R13 450 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.



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 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. MediPlus Prime members must obtain the services from the Medshield Hospital Network and MediPlus Compact members from the Compact 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.	R12 500 per family per annum.	R12 500 per family per annum.
Wisdom Teeth and Apicectomy Wisdom Teeth - Services must be obtained from the Medshield Hospital Network, or Compact Hospital Network where relevant. 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. <b>R3 500 upfront</b> 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. <b>R3 500 upfront</b> 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 Chrome Cobalt Frame 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	R16 100 per family per annum.	R16 100 per family per annum.
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 or Compact Hospital Network where relevant. The use of the Medshield Specialist Network may apply.		



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 = R8 450  M+1 = R11 800  M+2 = R13 200  M+3 = R14 850  M4+ = R16 300	Limited to the following:  M = R8 450  M+1 = R11 800  M+2 = R13 200  M+3 = R14 850  M4+ = 16 300
FAMILY PRACTITIONER CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL Each beneficiary must nominate a Family Practitioner (FP).	Each beneficiary can nominate a Family Practitioner (FP) from the Medshield FP Network to a maximum of two Family Practitioners per beneficiary. Subject to Day-to-Day Limit for your nominated Family Practitioner.	Each beneficiary must nominate a Family Practitioner (FP) from the Compact FP Network to a maximum of one Family Practitioner per beneficiary. The Compact Network is applicable from Rand one. Subject to Day-to-Day Limit.
NON-NOMINATED FAMILY PRACTITIONER/EMERGENCY (When you have not consulted your nominated FP)	2 visits per family, limited to and included in the Day-to-Day Limit.	2 visits per family limited to and included in the Day-to-Day Limit. Once limit is depleted a 40% co-payment will apply.
ADDITIONAL FAMILY PRACTITIONER CONSULTATIONS AND VISITS TO YOUR NOMINATED PROVIDER (only when your Day-to-Day Limit has been exhausted).	2 visits per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted. Subject to the Medshield FP Network.	2 visits per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted. Subject to the Compact FP Network and visit must be to the nominated Family Practitioner.
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 <b>R240</b> per script.	Subject to Day-to-Day Limit.  Subject to Day-to-Day Limit. Limited to <b>R240</b> per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols.	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.	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.
<ul> <li>Optometric Refraction (eye test)</li> <li>Spectacles OR Contact Lenses:         <ul> <li>Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses</li> </ul> </li> <li>Frames and/or Lens Ehancements:</li> </ul>	test per beneficiary per 24 month optical cycle.     Subject to Overall Annual Limit.     Subject to Optical Limit.      R580 per beneficiary limited to and included in the Optical Limit.	test per beneficiary per 24 month optical cycle.     Subject to Overall Annual Limit.     Subject to Optical Limit.      R580 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	R170 per beneficiary per annum. Subject to Overall Annual Limit.	R170 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.



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)	Limited to and included in the Specialised Radiology limit of <b>R12 750</b> per family per annum. <b>10% upfront</b> <b>co-payment</b> for non-PMB.	Limited to and included in the Specialised Radiology limit of <b>R12 750</b> per family per annum. <b>10% upfront</b> <b>co-payment</b> for non-PMB.
NON-SURGICAL PROCEDURES AND TESTS	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
The use of the Medshield Specialist Network may apply.		
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 the list of services.	Unlimited.  Refer to Addendum B for the 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	Limted to and included in the Mental	Limted to and included in the Mental
Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	Health Limit of <b>R31 200</b> per family per annum.	Health Limit of <b>R31 200</b> per family per annum.
MIRENA DEVICE	1 per female beneficiary.	1 per female beneficiary.
Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the <b>4 year</b> clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms.	Subject to the Overall Annual Limit.	Subject to the Overall Annual Limit.
On application only.		
ADDITIONAL MEDICAL SERVICES	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy, and Private Nurse Practitioners.		
ALTERNATIVE HEALTHCARE SERVICES	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths, and Phytotherapists.		

## **SMARTCARE** Benefits

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) 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 (FP) TELEPHONIC AND VIDEO CONSULTATIONS Consultations and visits Out-of-Hospital.	Subject to relevant benefit categories and limits.	Subject to relevant benefit categories and limits.
Subject to the use of the Medshield Family Practitioner (FP) Network for Prime. Subject to the use of the Compact Family Practitioner (FP) Network for Compact.		
MEDICAL SPECIALIST TELEPHONIC AND VIDEO CONSULTATIONS Subject to referral authorisation for Compact.	Subject to relevant benefit categories and limits.	Subject to relevant benefit categories and limits.
This benefit includes Cardiologists, Gynaecologists, Oncologists, Paediatricians, Psychiatrists, Psychologists and Specialist Physicians.		
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for Covid-19.	Refer to page 21.	Refer to page 21.



#### 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



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
Adult Vaccination	R400 per family per annum.	R400 per family per annum.
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 R180. 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 R180. Limited to the Scheme's Contraceptive formularies and protocols.
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.
Flu Vaccination	1 per beneficiary 18+ years old to a maximum of R100.	1 per beneficiary 18+ years old to a maximum of R100.
Health Risk Assessment (Pharmacy or Family Practitioner)	1 per beneficiary 18+ years old per annum.	1 per beneficiary 18+ years old 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.
Mammogram (Breast Screening)	1 per female beneficiary 40+ years old every 2 years.	1 per female beneficiary 40+ years old every 2 years.
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.	1 test per beneficiary per annum.
Pap Smear	1 test per female beneficiary per annum.	1 test per female beneficiary per annum.
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.
PSA Screening (Prostate specific antigen)	Subject to the Day-to-Day Limit.	Subject to the Day-to-Day Limit.
TB Test	1 test per beneficiary.	1 test per beneficiary.

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, Measles.

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), Polio.

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**

#### **EMERGENCY MEDICAL SERVICES**

Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation.

Clinical Protocols apply.

**BENEFIT LIMIT AND COMMENTS** 

Unlimited.

## 24 Hour access

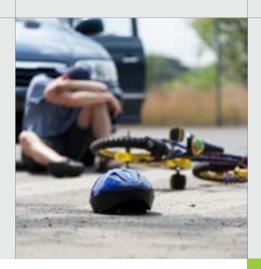
to the Emergency **Operation Centre** 

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

MedipPlus OPTION	PRIME	СОМРАСТ
Principal Member	R3 657	R3 324
Adult Dependant	R2 610	R2 373
Child*	R822	R747

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



# **Smart**Care

A FIRST in South Africa, Medshield Medical Scheme's **Smart**Care benefits offer 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.



Member visits **Smart**Care supported Pharmacy.



Nurse confirms
Medshield benefits.



Full medical history and clinical examination by registered nurse.

Nurse advises that the member requires a doctor consultation. Nurse dials doctor

medical history, additional tests and

examination. Doctor generates script and

sends script to printer at Nurse's station,

while Nurse counsels the member.



Recommends
Over-the-Counter medicine.



#### **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 Therapy Script Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours



Member collects medication from dispensary.



Over-the-Counter medication.



# Smart Care WhatsApp Dec

### **Medshield SmartCare**

COVID-19 WhatsApp Advice Line

To consistently provide access to care, Medshield has launched a WhatsApp channel where members can communicate with a doctor from the comfort of their home. By using this channel a doctor will be able to assess a patient for COVID-19.

> Not sure if you need to be tested for COVID-19? Use the Medshield SmartCare COVID-19

WhatsApp Advice Line for peace of mind!



#### Say 'Hi' to 087 250 0643

Service available on Mon - Fri: 09h00 to 17h00 and Sat: 09h00 to 13h00 T's & C's Apply.



A registered Doctor will respond with "Hi, I'm Dr X, I'll be helping you today."



Doctor requests your information e.g. name, age, symptoms and medical history.



Patient agrees to the terms and conditions of using the service.

Doctor reviews the initial questions and discusses with patient.



Doctor assesses all information. If you are:

### **Suspected COVID-19 case:**

Doctor assesses patient risk and ask for more information.



#### Not a suspected COVID-19 case:

Doctor provides relevant treatment or referral.

Doctor **refers patient** for testing.



T's & C's - You will receive advice from a Healthforce doctor over WhatsApo. All such doctors are registered with the Health Professions Council of South Africa and have been vetted by Healthforce. You cannot hold Healthforce, Medshield or anyone involved in this conversation responsible for injury or harm. This line is intended for advice and not to replace medical treatment. This chat will be saved on a 3rd party app, for the purposes of data collection and future review. We'll never share that information with a 3rd party unless it is required for your treatment, to fund your treatment. or by law. You will be sharing your information on WhatsApp. Although encrypted, there is a small risk that an outsider can access information that is transmitted over the internet







## 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**

- weakened bodily function,

#### **CLUSTER 2**

#### **Diagnostic Treatment** Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' long list of conditions identified
- The list is in the form of to a treatment and therefore broadly indicates how each of be treated and covered

#### **CLUSTER 3**

#### **26 Chronic Conditions**

- To ensure appropriate standards of healthcare an algorithm

#### 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 overservicing 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 guery 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

clinical guidelines to treat ailments and conditions that fall under PMB regulation. These are known as ambulatory PMB Care templates.

of visits, pathology and radiology services as well PMB framework.

#### **TREATMENT** Plans

for a PMB condition, the Scheme will provide you

#### 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	<b>Contact number:</b> 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 borders 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.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective 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;

lonizers 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;

Tooth Whitening;

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**

 $\label{eq:metal} \mbox{Metal base to full dentures, including the laboratory cost;}$ 

High impact acrylic;

Cost of gold, precious metal, semi-precious metal and platinum foil:

Laboratory delivery fees.

#### **Crown and Bridge**

Crown on third 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;

General anaesthetics, moderate/deep 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;

All general anaesthetics and moderate/deep 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 preauthorised 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.

#### **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 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 SAHPRA (South African Health Products Regulatory Authority) 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 preauthorised 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 wraparound 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);

Breast reduction; benign breast disease;

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,

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;

DSP applies);

Cryo-storage of foetal stemcells and sperm;

Holidays for recuperative purposes, accommodation in spa's, health resorts and places of rest, even if prescribed by a treating provider; 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** 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





#### DISCLAIMER

brochure acts as a summary and does not supersede the Registered Rules of the Scheme
All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.

Pending CMS Approval.

September 2020







MediCore 2021 Benefit Guide

LiveAssured.



Even the most secure people have moments when they need assurance. It's part of being human. As we navigate the uncertainty of current times and not knowing what to expect, our health cover is there to give us reassurance that we will be taken care of in times of sickness and feeling unwell.

Live Assured is the certainty people are looking for, knowing that they can enjoy life without the fear of what will happen in the event of illness - because Medshield puts their well-being first. Live Assured is the exhale people are longing for, that comes from trusting the promise Medshield has made and will uphold - to provide high level of care, attention and medical treatment should they need it. Medshield members Live Assured.



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## **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.

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







#### 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-AUTHORISATION**

You must request pre-authorisation 72 hours before admission from the relevant

## Managed Healthcare Programme.

#### CHRONIC

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

#### **HOSPITALISATION COVER**

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

#### **MEDICINE BENEFITS**

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 this 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 e.g. 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%)

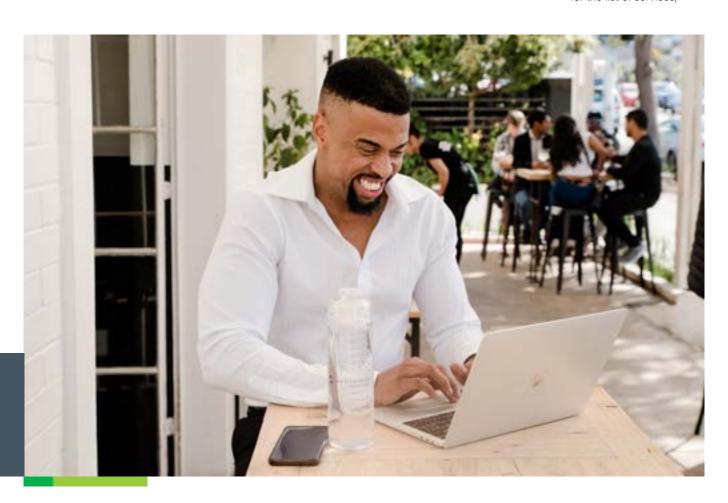
will apply to the following In-Hospital services (as part of an authorised event):

- 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 the 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

Non-PMB Internal Prosthesis and Devices

Voluntary use of a non-Medshield Network Hospital

Voluntary use of a non-Medshield Network Hospital - Mental Health

Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and

Haemopoietic stem cell (Bone marrow) transplant

Voluntary use of a non-DSP for HIV & AIDS related medication

Voluntary use of a non-DSP or a non-Medshield Pharmacy Network

Voluntarily obtained out of formulary medication

Voluntary use of a non-ICON provider - Oncology

Voluntary use of a non-DSP provider - Chronic Renal Dialysis

#### In-Hospital Procedural upfront co-payments for non-PMB

Hernia Repair (except in infants)

Laparoscopic procedures

Arthroscopic procedures

Nissen Fundoplication

Hysterectomy

Functional Nasal surgery

Back and Neck surgery

10% upfront co-payment

25% upfront co-payment

25% upfront co-payment

25% upfront co-payment

25% upfront co-payment

40% upfront co-payment

Endoscopic procedures (refer to Addendum B)

R2 000 upfront co-payment R3 000 upfront co-payment

R4 000 upfront co-payment

R4 000 upfront co-payment

R5 000 upfront co-payment

R5 000 upfront co-payment

R5 000 upfront co-payment

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	Unlimited.
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.	Specialist services from treating/attending Specialists are subject to pre-authorisation.
SURGICAL PROCEDURES	Unlimited.
As part of an authorised event.	Extended Benefit Cover (up to 200%)
MEDICINE ON DISCHARGE FROM HOSPITAL	Limited to <b>R350</b> per admission.
Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	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:	R40 600 per family per annum.
<ul> <li>Physical Rehabilitation</li> <li>Sub-Acute Facilities</li> <li>Nursing Services</li> <li>Hospice</li> </ul>	
Terminal Care	R37 300 per family per annum.
Clinical Protocols apply.	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	Unlimited if pre-authorised, PMB only.
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.	Limited to PMB only.
OXYGEN THERAPY EQUIPMENT	Unlimited subject to PMB and PMB level of care.
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.	
HOME VENTILATORS	Unlimited subject to PMB and PMB level of care.
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.	
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood)	Unlimited.
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.	

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS	
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS	Unlimited.	
As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners (FP).	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.	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.	
Includes the following:	Haemopoietic stem cell (bone marrow) transplantation is	
<ul> <li>Immuno-Suppressive Medication</li> <li>Post Transplantation Biopsies and Scans</li> <li>Related Radiology and Pathology</li> <li>Clinical Protocols apply.</li> </ul>	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	Unlimited.	
As part of an authorised event, and excludes allergy and vitamin D testing. Clinical Protocols apply.		
PHYSIOTHERAPY In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this benefit guide.	R2 650 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.	R34 000 per family per annum. 25% upfront co-payment for non-PMB. Sub-limits for hips and knees: R32 000 per beneficiary - subject to Prosthesis and Devices Internal Limit.	
PROSTHESIS EXTERNAL	Subject to Prosthesis and Devices Internal Limit.	
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. <b>Including Ocular Prosthesis Clinical Protocols apply.</b>	No co-payment applies to External Prosthesis.	
LONG LEG CALLIPERS	Subject to Prosthesis and Devices Internal Limit.	
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.	No co-payment applies to External Prosthesis.	
GENERAL RADIOLOGY	Unlimited.	
As part of an authorised event.  Clinical Protocols apply.	1 Bone Densitometry scan per beneficiary per annum.	
SPECIALISED RADIOLOGY	R9 550 per family limited to and included in the Overall	
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.	Annual Limit.  10% upfront co-payment for non-PMB.	
Includes the following:		
CT scans, MUGA scans, MRI scans, Radio Isotope studies	Subject to Specialised Radiology Limit.	
<ul> <li>CT Colonography (Virtual colonoscopy)</li> <li>Interventional Radiology replacing Surgical Procedures</li> </ul>	No co-payment applies to CT Colonography. <b>Unlimited.</b>	

Clinical Protocols apply.



## MAJOR Medical Benefits - In-Hospital

#### **BENEFIT CATEGORY**

#### **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.

#### **NON-SURGICAL PROCEDURES AND TESTS**

As part of an authorised event. The use of the Medshield Specialist Network may apply.

#### NON-SURGICAL PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

The use of the Medshield Specialist Network may apply.

Procedures and Tests in Practitioners' rooms

Routine diagnostic Endoscopic Procedures in Practitioners' rooms

#### **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 In-Hospital
- Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling Out-of-Hospital

#### 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)

#### 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.

#### **BENEFIT LIMIT AND COMMENTS**

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.

#### Unlimited.

Extended Benefit Cover (up to 200%)

#### 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.

#### Unlimited.

Medshield Private Rates (up to 200%) apply if procedure is performed in Practitioners' rooms.

Refer to Addendum B for a list of services.

R35 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.

Subject to PMB and PMB level of care.

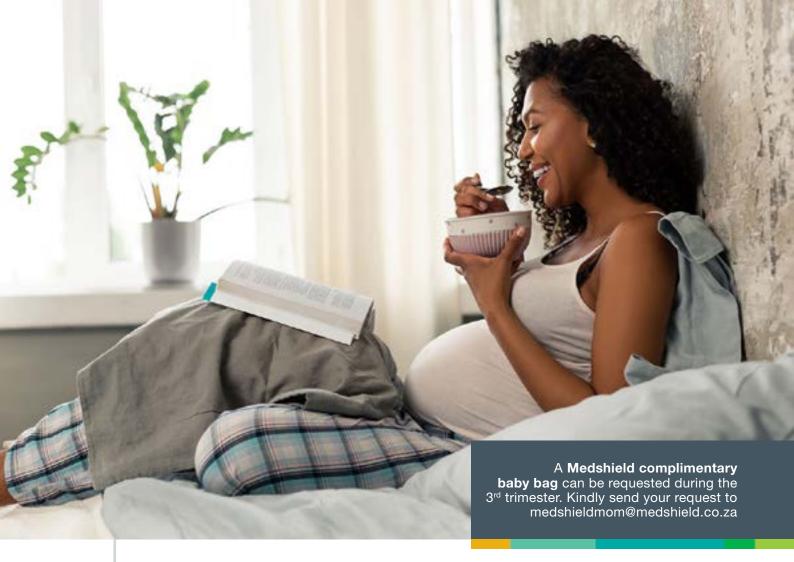
Subject to Mental Health Limit.

Subject to PMB only.

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**.

Limited to interventions and investigations only. **Refer to Addendum A** for the 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.

#### 6 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

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). 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
  - Midwife consultations per pregnancy
  - Delivery by a registered Midwife or a Practitioner
  - Hire of water bath and oxygen cylinder

Clinical Protocols apply.

Unlimited. Unlimited. Unlimited. Extended Benefit Cover (up to 200%)

4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. 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
<b>DNCOLOGY LIMIT</b> (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.
<ul> <li>Radiology and Pathology</li> <li>Only Oncology related Radiology and Pathology as part of an authorised event.</li> </ul>	Subject to Oncology Limit.
PET and PET-CT	Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	<b>6 visits</b> 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.
BREAST RECONSTRUCTION (following an Oncology event only)  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.	R84 800 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



## **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**. If the Chronic Medicine requirements are not registered and approved, it will pay from the Acute Medicine 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

- The use of the Chronic DSP is applicable from Rand one.
- Supply of medication is limited to **one month** in advance.

#### BENEFIT LIMIT AND COMMENTS

Limited to PMB only.

Medicines will be approved in line with the Medshield **Formulary** and is applicable from Rand one.



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

#### **BENEFIT CATEGORY BENEFIT LIMIT AND COMMENTS BASIC DENTISTRY** Unlimited. 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 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. **MAXILLO-FACIAL AND ORAL SURGERY** R12 250 per family per annum. Extended Benefit Cover (up to 200%) All services are subject to pre-authorisation by the relevant Managed Healthcare only applicable to Maxillo-facial Surgery. 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.



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, excluding consultations for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT/COMMENTS
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 R180. Limited to the Scheme's Contraceptive formularies and protocols.
Flu Vaccination	1 per beneficiary 18+ years old to a maximum of R100.
Health Risk Assessment (Pharmacy or Family Practitioner)	1 per beneficiary 18+ years old per annum.
HPV Vaccination (Human Papillomavirus)	1 course of 2 injections per female beneficiary, 9 - 13 years old. Subject to qualifying criteria.
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.
Pap Smear	1 test per female beneficiary per annum.
Pneumococcal Vaccination	1 per annum for high risk individuals and for beneficiaries 60+ years old.
TB Test	1 test per beneficiary.

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, Measles.

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), Polio.

At 12 Years: Tetanus and Diphtheria (Td).



#### 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



## **Smart**Care

SmartCare provides access to Videomed, telephone and video consultation through specified healthcare practitioners.

SmartCare is an evolving healthcare benefit that is designed around offering our members the convenience of easy access to care.

## **SMARTCARE** Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	1 visit per family subject to the Overall Annual Limit.
FAMILY PRACTITIONER (FP) TELEPHONIC AND VIDEO CONSULTATIONS Consultations and visits Out-of-Hospital.	Subject to relevant benefit categories and limits.
MEDICAL SPECIALIST TELEPHONIC AND VIDEO CONSULTATIONS  This benefit includes Cardiologists, Gynaecologists, Oncologists, Paediatricians, Psychiatrists, Psychologists and Specialist Physicians.	Subject to relevant benefit categories and limits.
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for Covid-19.	Refer to page 17.
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS  Consultations and visits Out-of-Hospital subject to the use of the Medshield Family Practitioner (FP) Network.	2 per beneficiary from the Overall Annual Limit.



# **Smart**Care

A FIRST in South Africa, Medshield Medical Scheme's **Smart**Care benefits offer 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.



Member visits SmartCare

supported Pharmacy.



Nurse confirms

Medshield benefits.



Full medical history and clinical

examination by registered nurse.



4.

Over-the-Counter medicine.



#### **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
- SmartCare services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Therapy Script Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours





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 medication from dispensary.



Member collects

# Smart Care WhatsApp Dec

### **Medshield SmartCare**

COVID-19 WhatsApp Advice Line

To consistently provide access to care, Medshield has launched a WhatsApp channel where members can communicate with a doctor from the comfort of their home. By using this channel a doctor will be able to assess a patient for COVID-19.

> Not sure if you need to be tested for COVID-19? Use the Medshield SmartCare COVID-19

WhatsApp Advice Line for peace of mind!



#### Say 'Hi' to 087 250 0643

Service available on Mon - Fri: 09h00 to 17h00 and Sat: 09h00 to 13h00 T's & C's Apply.



A registered Doctor will respond with "Hi, I'm Dr X, I'll be helping you today."



Doctor requests your information e.g. name, age, symptoms and medical history.



Patient agrees to the terms and conditions of using the service.

Doctor reviews the initial questions and discusses with patient.



Doctor assesses all information. If you are:

### Suspected COVID-19 case:

Doctor assesses patient risk and ask for more information.



### Not a suspected COVID-19 case:

Doctor provides relevant treatment or referral.

Doctor **refers patient** for testing.



T's & C's - You will receive advice from a Healthforce doctor over WhatsApp. All such doctors are registered with the Health Professions Council of South Africa and have been vetted by Healthforce. You cannot hold Healthforce, Medshield or anyone involved in this conversation responsible for injury or harm. This line is intended for advice and not to replace medical treatment. This chat will be saved on a 3rd party app, for the purposes of data collection and future review. We'll never share that information with a 3rd party unless it is required for your treatment. to fund your treatment or by law. You will be sharing your information on WhatsApp. Although encrypted, there is a small risk that an outsider can access information that is transmitted over the internet.







### **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.

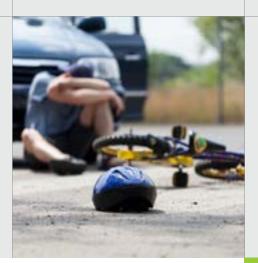
# **24 Hour access** to the Emergency Operation Centre

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 763
Adult Dependant	R2 337
Child*	R639

\*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 overservicing 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 guery 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.

### **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 borders 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.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective 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;

lonizers 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;

Tooth Whitening;

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 on 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;

General anaesthetics, moderate/deep 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;

All general anaesthetics and moderate/deep 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 preauthorised 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.

#### **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

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

care, DSP applies);

Protein C inhibitors 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 SAHPRA (South African Health Products Regulatory Authority) 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 preauthorised 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**

**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.

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

#### **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 wraparound 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);

Breast reduction, benign breast disease;

Erectile dysfunction surgical procedures;

Gender reassignment medical or surgical treatment;

Genioplasties as an isolated procedure (unless PMB level of care,

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,

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;

DSP applies);

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; 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** 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





#### DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.

All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.

Pending CMS Approval.

September 2020.





Even the most secure people have moments when they need assurance. It's part of being human. As we navigate the uncertainty of current times and not knowing what to expect, our health cover is there to give us reassurance that we will be taken care of in times of sickness and feeling unwell.

Live Assured is the certainty people are looking for, knowing that they can enjoy life without the fear of what will happen in the event of illness - because Medshield puts their well-being first. Live Assured is the exhale people are longing for, that comes from trusting the promise Medshield has made and will uphold - to provide high level of care, attention and medical treatment should they need it. Medshield members Live Assured.



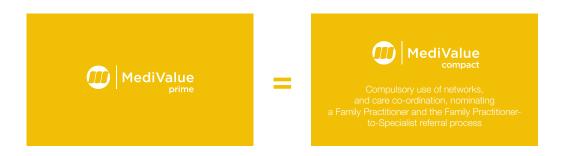
## Contents

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## 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.



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





#### 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-AUTHORISATION**

You must request pre-authorisation 72 hours before admission from 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.

#### **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.

#### **DAY-TO-DAY BENEFITS**

Are allocated according to your Day-To-Day Limit, unless a specific

#### **SCHEME RULES/ PROTOCOLS**

**HOSPITALISATION COVER** 

Cover for hospitalisation includes

accommodation, theatre costs, hospital

equipment, theatre and/or ward drugs,

pharmaceuticals and/or surgical items.

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

family size and is paid from your 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. 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 e.g. 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

Voluntary use of a non-Medshield Network Hospital

Voluntary use of a non-Medshield Network Hospital - Mental Health

Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and

Haemopoietic stem cell (Bone marrow) transplant

Voluntary use of a non-DSP for HIV & AIDS related medication

Voluntary use of a non-DSP for chronic medication

Voluntarily obtained out of formulary medication

Voluntary use of a non-ICON provider - Oncology

Voluntary use of a non-DSP or non-Medshield Pharmacy Network

Specialist Consultations - No referral obtained

In-Hospital Procedural upfront co-payments non-PMB

Endoscopic Procedures (Refer to Addendum B)

Functional Nasal surgery

Hernia Repair (except in infants)

Laparoscopic procedures

Arthroscopic procedures

Wisdom Teeth

Nissen Fundoplication

Hysterectomy

8% upfront co-payment 25% upfront co-payment

25% upfront co-payment

25% upfront co-payment

40% upfront co-payment

40% upfront co-payment 40% upfront co-payment

40% upfront co-payment

40% upfront co-payment

40% upfront co-payment

R2 000 upfront co-payment R2 000 upfront co-payment R3 000 upfront co-payment R4 000 upfront co-payment R4 000 upfront co-payment R4 000 upfront co-payment R5 000 upfront co-payment 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

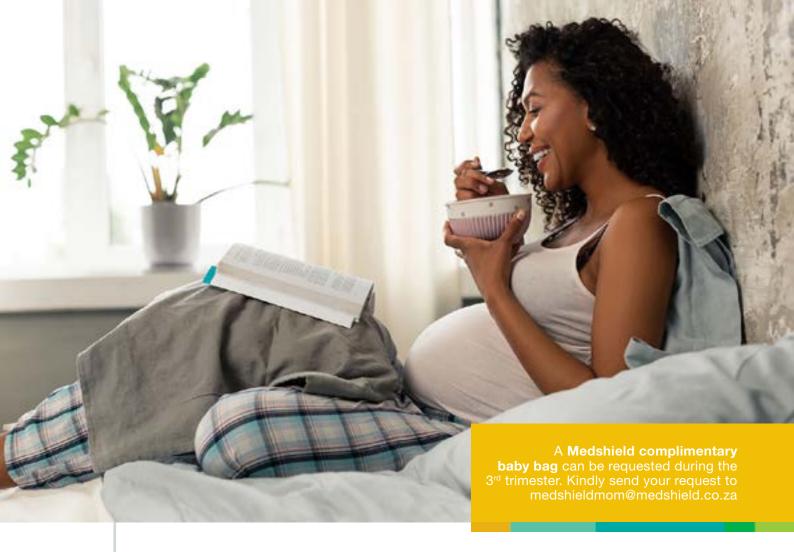
BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
OVERALL ANNUAL LIMIT	Unlimited. The use of the Prime Hospital Network applies.	Unlimited. The use of the Compact Hospital Network applies.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme 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 <b>R450</b> per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.	Limited to <b>R450</b> 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	R29 700 per family per annum.	R29 700 per family per annum.
<ul> <li>Sub-Acute Facilities</li> <li>Nursing Services</li> <li>Hospice</li> </ul>		
Terminal Care	R12 350 per family per annum. Subject to the Alternatives to	R12 350 per family per annum. Subject to the Alternatives to
Clinical Protocols apply.	Hospitalisation Limit.	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.	R2 650 per family per annum.	R2 650 per family per annum.
Hiring or buying of Appliances, External Accessories and Orthotics:  Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors (motivation required)	R800 per beneficiary per annum. Subject to Appliance Limit.	R800 per beneficiary per annum. Subject to Appliance Limit.
Hearing Aids (including repairs)	Subject to Appliance Limit.	Subject to Appliance Limit.
Wheelchairs (including repairs)	Subject to Appliance Limit.	Subject to Appliance Limit.
Stoma Products and Incontinence Sheets related to Stoma Therapy	Unlimited if pre-authorised.	Unlimited if pre-authorised.
<ul> <li>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.     </li> <li>Clinical Protocols apply.</li> </ul>	Subject to Appliance Limit.	Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PME level of care.
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.		
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 PME 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.	<b>Unlimited.</b> 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.  ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION	Unlimited. Unlimited.  Unlimited subject to PMB and PMB level of care.	Unlimited. Unlimited.  Unlimited subject to PMB and PMB level of care.
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.	evel 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. Workup 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.  Organ harvesting is limited to the Republic of South Africa. Workup 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 In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this benefit guide.	R2 650 per beneficiary per annum. Thereafter subject to Day-to-Day Limits.	R2 650 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. <b>Sub-limit</b> for hips and knees: <b>R32 000</b> per beneficiary - subject to Prosthesis and Devices Internal Limit.	Unlimited subject to PMB and PMB level of care. <b>Sub-limit</b> for hips and knees: <b>R32 000</b> 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.	R9 400 per family per annum. 8% upfront co-payment for non-PMB.	R9 400 per family per annum. 8% upfront co-payment for non-PMB.
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 Specialised Radiology Limit. No co-payment applies to CT Colonography. <b>Unlimited.</b>	Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. <b>Unlimited.</b>
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.
<b>MENTAL HEALTH</b> 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 <b>3 days</b> if patient is admitted by a Family Practitioner.	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.  25% upfront co-payment for the use of a non-Compact Network Hospital. DSP applicable from Rand one for PMB admissions.
Rehabilitation for Substance Abuse     1 rehabilitation programme per beneficiary per annum	Unlimited subject to PMB and PMB level of care.	Unlimited subject to PMB and PMB level of care.
Consultations and Visits, Procedures, Assessments, Therapy,     Treatment and/or Counselling	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.	As per Managed Healthcare Protocols.	As per Managed Healthcare Protocols.
Includes the following:	Out of formulas (DMD	Out of formulas DMD
<ul> <li>Anti-retroviral and related medicines</li> <li>HIV/AIDS related Pathology and Consultations</li> <li>National HIV Counselling and Testing (HCT)</li> </ul>	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.	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 the list of procedures and blood tests.	Limited to interventions and investigations only.  Refer to Addendum A for the 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.

#### MediValue Prime and MediValue Compact Benefits:

#### 6 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

R500 per family

For Antenatal Classes

Two 2D Scans per pregnancy.

One Amniocentesis test

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
  - Midwife consultations per pregnancy
  - Delivery by a registered Midwife or a Practitioner
  - Hire of water bath and oxygen cylinder

#### Clinical Protocols apply.

#### **Prime Benefit Limits/Comments**

Unlimited.

Unlimited.

Unlimited.

**Use of Prime Network Applies** 

4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. Unlimited.

#### **Compact Benefit Limits/Comments**

Unlimited.

Unlimited.

Unlimited.

**Use of Compact Network Applies** 

4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. Unlimited.



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	COMPACT
ONCOLOGY LIMIT (40% upfront co-payment for the use of a non-DSP)	BENEFIT LIMIT/COMMENTS  Unlimited subject to PMB and PMB level of care.	BENEFIT LIMIT/COMMENTS  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.
BREAST RECONSTRUCTION (following an Oncology event only) 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.	R84 800 per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.	R84 800 per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.



## **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**. If the Chronic Medicine requirements are not registered and approved, it will pay from the Acute Medicine 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**

- 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.

#### PRIME BENEFIT LIMIT/COMMENTS

Limited to PMB only.

Medicines will be approved in line with the Medshield

**Formulary** and is applicable from Rand one.

### COMPACT BENEFIT LIMIT/COMMENTS

Limited to PMB only.

Medicines will be approved in line with the Medshield

Formulary and is applicable from Rand one.



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

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
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 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. MediValue Prime members must obtain the services from the Medshield Hospital Network and MediValue Compact members from the Compact Hospital Network.	R2 200 per family per annum.  Subject to the Basic Dentistry Limit. Thereafter subject to Day-to-Day Limit.	R2 200 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.	R6 300 per family per annum.	<b>R6 300</b> per family per annum.
Wisdom Teeth and Apicectomy Wisdom Teeth - Services must be obtained from the Medshield Hospital Network, or Compact Hospital Network where relevant. 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 Chrome Cobalt Frame 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	R7 100 per family per annum.	R7 100 per family per annum.
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 or Compact Hospital Network where relevant. The use of the Medshield Specialist Network may apply.		





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.

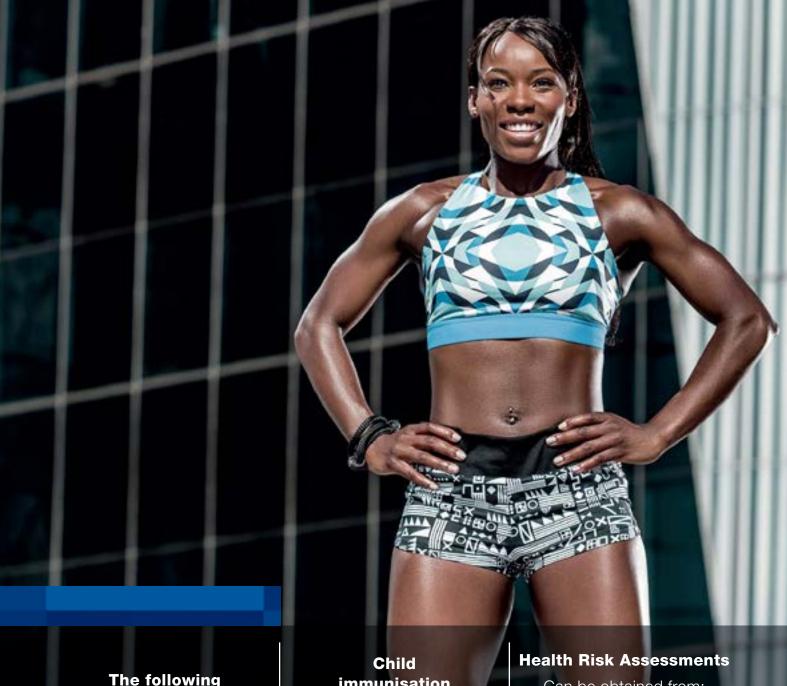
BENEFIT CATEGORY	PRIME PENEET LIMIT/COMMENTS	COMPACT PENEET LIMIT/COMMENTS
DAY-TO-DAY LIMIT	BENEFIT LIMIT/COMMENTS  Limited to the following:  M = R5 700  M+1 = R6 800  M+2 = R7 650  M+3 = R8 900  M4+ = R9 850	BENEFIT LIMIT/COMMENTS  Limited to the following:  M = R5 700  M+1 = R6 800  M+2 = R7 650  M+3 = R8 900  M4+ = R9 850
FAMILY PRACTITIONER CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL  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.	Each beneficiary can nominate a Family Practitioner (FP) from the Medshield FP Network to a maximum of <b>two</b> Family Practitioners per beneficiary. Subject to Day-to-Day Limit for your nominated Family Practitioner.	Each beneficiary must nominate a Family Practitioner (FP) from the Compact FP Network to a maximum of one Family Practitioner per beneficiary. The Compact Network is applicable from Rand one. Subject to Day-to-Day Limit for your nominated Family Practitioner.
NON-NOMINATED FAMILY PRACTITIONER/EMERGENCY (When you have not consulted your nominated FP)	2 visits per family, limited to and included in the Day-to-Day Limit.	2 visits per family limited to and included in the Day-to-Day Limit. Once limit is depleted a 40% co-payment will apply.
ADDITIONAL FAMILY PRACTITIONER CONSULTATIONS AND VISITS TO YOUR NOMINATED PROVIDER (only when your Day-to-Day Limit has been exhausted).	2 visits per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted. Subject to the Medshield FP Network.	2 visits per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted. Subject to the Compact FP Network and visit must be to the nominated Family Practitioner.
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		
<ul> <li>Acute medicine Medshield Medicine Pricing and Formularies apply.</li> <li>Pharmacy Advised Therapy (PAT)</li> </ul>	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit. Subject to Day-to-Day Limit.
OPTICAL LIMIT	Limited to <b>R240</b> per script.	Limited to <b>R240</b> per script.
Subject to relevant Optometry Managed Healthcare Programme and Protocols.	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.	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	1 test per beneficiary per 24 month
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 Prostitionar or a registered Pharmany.	optical cycle.  Subject to Overall Annual Limit.  Subject to Optical Limit.  R370 per beneficiary limited to and included in the Optical Limit.  R170 per beneficiary per annum.  Subject to Overall Annual Limit.	optical cycle.  Subject to Overall Annual Limit.  Subject to Optical Limit.  R370 per beneficiary limited to and included in the Optical Limit.  R170 per beneficiary per annum.  Subject to Overall Annual Limit.
Optical Practitioner or a registered Pharmacy  PATHOLOGY AND MEDICAL TECHNOLOGY	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	,	2.2,2
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. <b>1 Bone Densitometry scan</b> 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 <b>R9 400</b> per family per annum. <b>8% upfront co-payment</b> for non-PMB.	Limited to and included in Specialised Radiology limit of <b>R9 400</b> per family per annum. <b>8% upfront co-payment</b> for non-PMB.



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.	Unlimited.
Routine diagnostic Endoscopic Procedures in Practitioners' rooms	Refer to Addendum B for the list of services.  Unlimited. Refer to the Addendum B for the list of services.	Refer to Addendum B for the list of services.  Unlimited. Refer to the Addendum B for the list of services.
MENTAL HEALTH	Limited to and included in the	Limited to and included in the
Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	Day-to-Day Limit.	Day-to-Day Limit.
MIRENA DEVICE	1 per female beneficiary.	1 per female beneficiary.
Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the <b>4 year</b> clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms.	Subject to the Overall Annual Limit.	Subject to the Overall Annual Limit.
On application only.		
ADDITIONAL MEDICAL SERVICES	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners.		
ALTERNATIVE HEALTHCARE SERVICES	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.		

## **SMARTCARE** Benefits

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	1 visit per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.	visit per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.
FAMILY PRACTITIONER (FP) TELEPHONIC AND VIDEO CONSULTATIONS Consultations and visits Out-of-Hospital.	Subject to relevant benefit categories and limits.	Subject to relevant benefit categories and limits.
Subject to the use of the Medshield Family Practitioner (FP) Network for Prime. Subject to the use of the Compact Family Practitioner (FP) Network for Compact.		
MEDICAL SPECIALIST TELEPHONIC AND VIDEO CONSULTATIONS Subject to referral authorisation for Compact.	Subject to relevant benefit categories and limits.	Subject to relevant benefit categories and limits.
This benefit includes Cardiologists, Gynaecologists, Oncologists, Paediatricians, Psychiatrists, Psychologists and Specialist Physicians.		
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for Covid-19.	Refer to page 21.	Refer to page 21.



## tests are covered under the Health **Risk Assessment**

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

## immunisation

Through the following providers:

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

Can be obtained from:

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





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
Adult Vaccination	R400 per family per annum.	R400 per family per annum.
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 R180. 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 R180. Limited to the Scheme's Contraceptive formularies and protocols.
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.
Flu Vaccination	1 per beneficiary 18+ years old to a maximum of R100.	1 per beneficiary 18+ years old to a maximum of R100.
Health Risk Assessment (Pharmacy or Family Practitioner)	1 per beneficiary 18+ years old per annum.	1 per beneficiary 18+ years old 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.
Mammogram (Breast Screening)	1 per female beneficiary 40+ years old every 2 years.	1 per female beneficiary 40+ years old every 2 years.
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.	1 test per beneficiary per annum.
Pap Smear	1 test per female beneficiary per annum.	1 test per female beneficiary per annum.
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.
PSA Screening (Prostate specific antigen)	Subject to the Day-to-Day Limit.	Subject to the Day-to-Day Limit.
TB Test	1 test per beneficiary.	1 test per beneficiary.

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, Measles.

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), Polio.

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**

#### **EMERGENCY MEDICAL SERVICES**

Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation.

Clinical Protocols apply.

#### **BENEFIT LIMIT AND COMMENTS**

Unlimited.

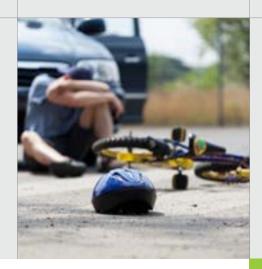
# **24 Hour access** to the Emergency Operation Centre

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 226	R2 013
Adult Dependant	R1 944	R1 761
Child*	R627	R567

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



# **Smart**Care

A FIRST in South Africa, Medshield Medical Scheme's **Smart**Care benefits offer 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.



Member visits **Smart**Care supported Pharmacy.



Nurse confirms
Medshield benefits.



Full medical history and clinical examination by registered nurse.



4.

Over-the-Counter medicine.

Member collects

Over-the-Counter medication.



#### **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 Therapy Script Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours



healthforce



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 medication from dispensary.

# Smart Care WhatsApp Dec

### **Medshield SmartCare**

COVID-19 WhatsApp Advice Line

To consistently provide access to care, Medshield has launched a WhatsApp channel where members can communicate with a doctor from the comfort of their home. By using this channel a doctor will be able to assess a patient for COVID-19.

> Not sure if you need to be tested for COVID-19? Use the Medshield SmartCare COVID-19

WhatsApp Advice Line for peace of mind!



#### Say 'Hi' to 087 250 0643

Service available on Mon - Fri: 09h00 to 17h00 and Sat: 09h00 to 13h00 T's & C's Apply.



A registered Doctor will respond with "Hi, I'm Dr X, I'll be helping you today."



Doctor requests your information e.g. name, age, symptoms and medical history.



Patient agrees to the terms and conditions of using the service.

Doctor reviews the initial questions and discusses with patient.



Doctor assesses all information. If you are:

### **Suspected COVID-19 case:**

Doctor assesses patient risk and ask for more information.



### Not a suspected COVID-19 case:

Doctor provides relevant treatment or referral.

Doctor **refers patient** for testing.



T's & C's - You will receive advice from a Healthforce doctor over WhatsApo. All such doctors are registered with the Health Professions Council of South Africa and have been vetted by Healthforce. You cannot hold Healthforce, Medshield or anyone involved in this conversation responsible for injury or harm. This line is intended for advice and not to replace medical treatment. This chat will be saved on a 3rd party app, for the purposes of data collection and future review. We'll never share that information with a 3rd party unless it is required for your treatment, to fund your treatment. or by law. You will be sharing your information on WhatsApp. Although encrypted, there is a small risk that an outsider can access information that is transmitted over the internet







## 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**

#### **CLUSTER 2**

## Pairs (DTP)

#### **CLUSTER 3**

#### **26 Chronic Conditions**

#### 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 overservicing 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 guery 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

as ambulatory PMB Care templates.

#### **TREATMENT** Plans

#### 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 MediValuePartners

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 borders 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.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective 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;

lonizers 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;

Teeth Whitening;

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 on third 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;

General anaesthetics, moderate/deep 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 molar

All general anaesthetics and moderate/deep 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 preauthorised 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.

#### **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 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 SAHPRA (South African Health Products Regulatory Authority) 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 preauthorised 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 wraparound 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);

Breast reduction, benign breast disease;

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, accommodation in spa's, health resorts and places of rest, even if prescribed by a treating provider; 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** 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



#### DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.

All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.

Pending CMS Approval.

September 2020.









Even the most secure people have moments when they need assurance. It's part of being human. As we navigate the uncertainty of current times and not knowing what to expect, our health cover is there to give us reassurance that we will be taken care of in times of sickness and feeling unwell.

Live Assured is the certainty people are looking for, knowing that they can enjoy life without the fear of what will happen in the event of illness - because Medshield puts their well-being first. Live Assured is the exhale people are longing for, that comes from trusting the promise Medshield has made and will uphold - to provide high level of care, attention and medical treatment should they need it. Medshield members Live Assured.



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## 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 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.

#### 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



**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 bag 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.



#### 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-AUTHORISATION**

You must request pre-authorisation 72 hours before admission from the relevant Managed Healthcare Programme.

#### **PENALTY IF YOU DON'T PRE-AUTHORISE**

If you do not obtain a preauthorisation 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.

#### 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 the comprehensive list of Exclusions.

#### **HOSPITALISATION COVER**

Is subject to the use of the MediPhila Hospital Network. Voluntary use of a non-MediPhila Network Hospital will result in a 25% co-payment.

#### **SCHEME RULES/ PROTOCOLS**

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

#### **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.

#### **MEDICAL SPECIALIST CONSULTATIONS**

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

#### **NETWORKS**

Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools e.g. website and Android or Apple 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 preauthorisation 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
- 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 preauthorisation?

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 Outof-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 Contact 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 Contact 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 R85 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 a 40% co-payment 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 **R800** 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

Voluntary use of a non-MediPhila Network Hospital

Voluntary use of a non-MediPhila Network Hospital - Organ, Tissue and

Haemopoietic stem cell (Bone marrow) transplant

Voluntary use of a non-DSP for Chronic Medication

Non-Network Emergency FP consultations (once the two allocated visits have been depleted)

Voluntarily obtained out of formulary medication

Voluntary use of a non-DSP for HIV & AIDS related medication

Voluntary use of a non-ICON provider - Oncology

Voluntary consultation with a Medical Specialist without a referral from

a MediPhila Network FP

10% upfront co-payment25% upfront co-payment

25% upfront co-payment40% upfront co-payment40% upfront co-payment

40% upfront co-payment

40% upfront co-payment40% upfront co-payment

40% upfront co-payment

#### In-Hospital Procedural upfront co-payments for non-PMB

Arthroscopic procedures

Wisdom Teeth

Nissen Fundoplication

Hysterectomy

R4 000 upfront co-payment R4 000 upfront co-payment

R5 000 upfront co-payment 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.
<ul> <li>Prescribed Minimum Benefits (PMB)</li> <li>Non-PMB</li> <li>Clinical Protocols apply.</li> </ul>	Unlimited. R1 000 000 per family per annum.
SURGICAL PROCEDURES	Subject to In-Hospital Limit.
As part of an authorised event for all surgical procedures in doctors rooms and surgical procedures in hospital, non-PMB admission.	
MEDICINE ON DISCHARGE FROM HOSPITAL	Limited to <b>R200</b> per admission.
Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION	Unlimited subject to PMB and PMB level of care.
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).	
Includes the following:	
<ul> <li>Physical Rehabilitation</li> <li>Sub-Acute Facilities</li> <li>Nursing Services</li> <li>Hospice</li> </ul>	
Terminal Care	R12 350 per family per annum. Subject to the Alternatives to Hospitalisation Limit.
Clinical Protocols apply.	
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.	
<ul> <li>Includes the following:</li> <li>Stoma Products and Incontinence Sheets related to Stoma Therapy</li> <li>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.     </li> <li>Clinical Protocols apply.</li> </ul>	Unlimited subject to PMB and PMB level of care. Unlimited subject to PMB and PMB level of care.
OXYGEN THERAPY EQUIPMENT	Unlimited subject to PMB and PMB level of care.
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.	
HOME VENTILATORS	Unlimited subject to PMB and PMB level of care.
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.	



# MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood)	Unlimited subject to PMB and PMB level of care.
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.	
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS	Subject to In-Hospital Limit.
As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.  Clinical Protocols apply.	
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	Subject to In-Hospital Limit.
As part of an authorised event, and excludes allergy and vitamin D testing.	
Clinical Protocols apply.  PHYSIOTHERAPY In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this benefit guide.	R2 650 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. <b>Sub-limit</b> for hips and knees: <b>R32 000</b> per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL	Unlimited subject to PMB and PMB level of care.
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.	Subject to referral by a Network FP and authorisation.
LONG LEG CALLIPERS	Unlimited subject to PMB and PMB level of care and
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.	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

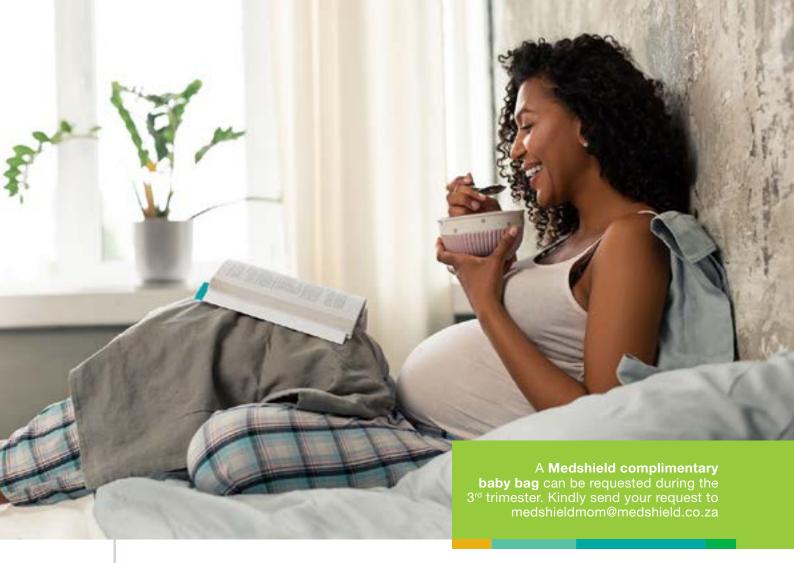
#### BENEFIT LIMIT AND COMMENTS **BENEFIT CATEGORY** SPECIALISED RADIOLOGY Subject to In-Hospital Limit. R6 700 per family. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 10% upfront co-payment for non-PMB. 086 000 0376 (+27 10 597 4703) and services must be obtained from 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. Unlimited subject to PMB and PMB level of care. **CHRONIC RENAL DIALYSIS** 40% upfront co-payment for the use of a non-DSP. Subject to pre-authorisation by the relevant Managed Healthcare Programme on Use of a DSP applicable from Rand one for PMB and 086 000 0376 (+27 10 597 4703) and services must be obtained from the DSP or non-PMB. Network Provider. Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology Clinical Protocols apply. NON SURGICAL PROCEDURES AND TESTS Subject to In-Hospital Limit. As part of an authorised event. The use of the Medshield Specialist Network may **MENTAL HEALTH** Unlimited subject to PMB and PMB level of care. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 40% upfront co-payment for the use of a non-086 000 0376 (+27 10 597 4703) and services must be obtained from the DSP Facility. DSP applicable from Rand one for PMB MediPhila Hospital Network. The use of the Medshield Specialist Network may admissions. apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. **Rehabilitation for Substance Abuse** Subject to PMB and PMB level of care. 1 rehabilitation programme per beneficiary per annum Consultations and Visits, Procedures, Assessments, Therapy, Subject to PMB and PMB level of care. Treatment and/or Counselling **HIV & AIDS** As per Managed Healthcare Protocols. 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: Out of formulary PMB medication voluntarily obtained or Anti-Retroviral and related medicines PMB medication voluntarily obtained from a provider other **HIV/AIDS** related Pathology and Consultations than the DSP will have a 40% upfront co-payment. National HIV Counselling and Testing (HCT)

# 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 the 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.

# 6 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

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). 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
  - Midwife consultations per pregnancy
  - Delivery by a registered Midwife or a Practitioner
  - Hire of water bath and oxygen cylinder

Clinical Protocols apply.

Unlimited. Unlimited.

Unlimited.

**4 Postnatal** consultations per pregnancy. Applies to a registered Midwife only. **Unlimited.** 



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.	<b>4 visits</b> 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**. If the Chronic Medicine requirements are not registered and approved, it will pay from the Acute
Medicine 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.

This option covers medicine for all 26 PMB CDLs.

### 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).

#### Re-imbursement at Maximum Generic Price

or Medicine Price List and Medicine Formularies. Levies and co-payments to apply where relevant.

#### **BENEFIT CATEGORY**

- The use of the Chronic DSP is applicable from Rand one.
- Supply of medication is limited to **one month** in advance.

#### **BENEFIT LIMIT AND COMMENTS**

Limited to PMB.

Medicines will be approved in line with the Medshield **Formulary** and is applicable from Rand one.





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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
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 450 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.	<b>R5 900</b> 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. <b>R4 000 upfront</b> 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.



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 200 per family per annum.
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL (According to list of services set out in Addendum C).	Unlimited  Access to the following without pre-authorisation:  M0 = 8 visits
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.	M+1 = 9 visits M2+ = 11 visits
To obtain pre-authorisation contact the MediPhila Contact Centre on 086 000 0376.	Thereafter unlimited - subject to pre-authorisation.
Out-of-Network FP/emergency FP consultations and visits. (When you have not consulted your nominated FP).	2 visits per family, thereafter a 40% co-payment will apply. Subject to FP Network Limit.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS Subject to pre-authorisation. The use of the Medshield Specialist Network may apply.	visit per family per annum, thereafter subject to     Day-to-Day Limit and subject to referral from the Network     FP. No referral will result in a 40% co-payment.
CASUALTY/EMERGENCY VISITS	Consultations subject to FP 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.	Medicine limited to the Acute Medicine Limit and Day-to-Day Limit. Facility fee subject to Day-to-Day Limit.

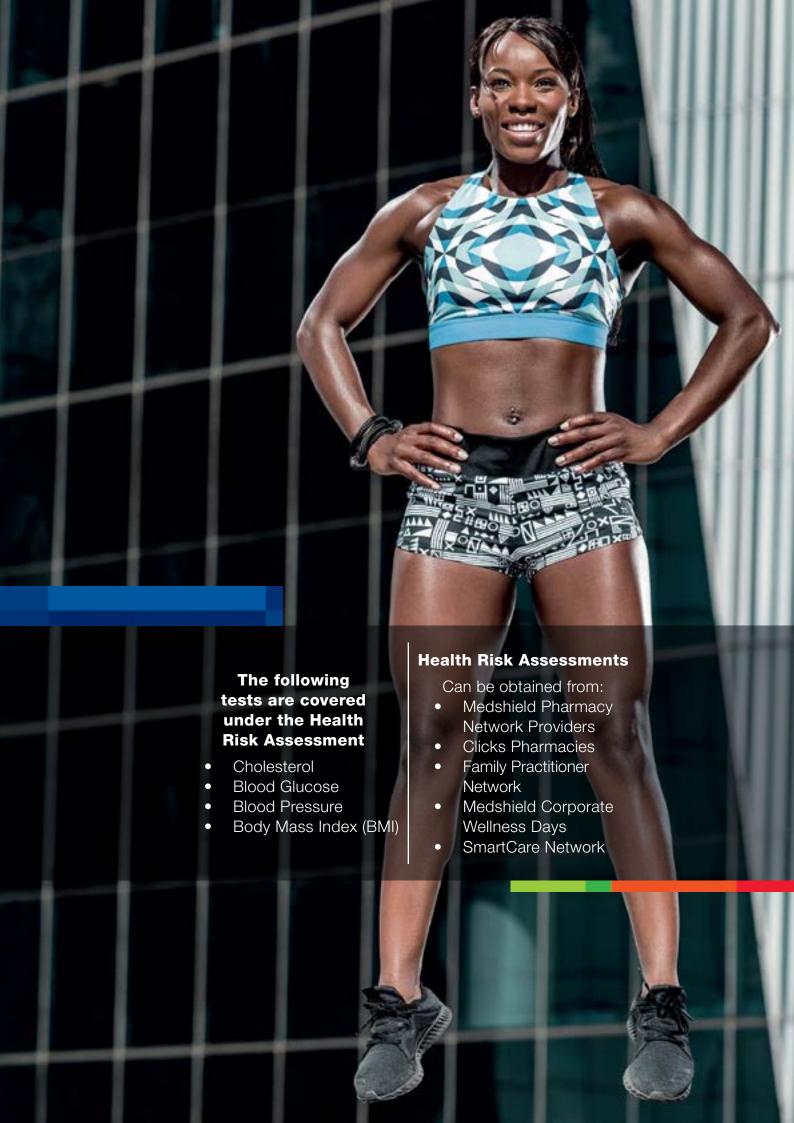


on 086 000 0376 (+27 10 597 4703)

Subject to the use of FP Network

#### **BENEFIT LIMIT AND COMMENTS BENEFIT CATEGORY** MEDICINES AND INJECTION MATERIAL Acute medicine Subject to Day-to-Day Limit. Medshield medicine pricing and formularies apply. Further limited to: R1 400 per family The use of MediPhila Pharmacy Network and the Basic Acute formulary applies from Rand one. **Pharmacy Advised Therapy (PAT)** Subject to the Acute Medication Limit. Limited to **R85** per script. **OPTICAL LIMIT** Limited to **R800** per beneficiary every 24 month Determined by an Optical Service Date Cycle. Subject to relevant Optometry Managed Healthcare Programme and Protocols. Subject to the use of a DSP. Optometric refraction (eye test) 1 test per beneficiary per 24 month Optical cycle. Subject to Overall Annual Limit. Spectacles (single vision lenses) Subject to Optical Limit. (excludes Bi-focal Lenses, Multifocal Lenses, Contact Lenses and any Lens Add-ons) **Frames** Subject to Optical Limit. Readers: R170 per beneficiary per annum. If supplied by a registered Optometrist, Ophthalmologist, Supplementary Subject to Overall Annual Limit. Optical Practitioner or a registered Pharmacy. PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the Medshield MediPhila Basic Pathology formulary. (According to the list of services as set out in Addendum D). Only on referral from a Network FP. Subject to the relevant Pathology Managed Healthcare Programme and Protocols. **GENERAL RADIOLOGY** Subject to the Medshield MediPhila Basic Radiology formulary. (According to the list of services as set out in Addendum E). Only on referral from a Network FP. Subject to the relevant Radiology Managed Healthcare Programme and Protocols. Limited to and included in the Specialised SPECIALISED RADIOLOGY Radiology Limit. Subject to pre-authorisation by the relevant Managed Healthcare Programme on R6 700 per family. 086 000 0376 (+27 10 597 4703). 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 Subject to the In-Hospital Limit. Subject to Day-to-Day Limit. - Non FP Network No Benefit. - Tests and Procedures not specified Refer to Addendum C for list of services covered **Procedures and Tests in Practitioners' rooms** Subject to the In-Hospital Limit. Subject to pre-authorisation by the relevant Managed Healthcare Programme According to the list of services set out in Addendum C. on 086 000 0376 (+27 10 597 4703) Subject to the use of FP Network Routine diagnostic Endoscopic Procedures in Practitioners' rooms Subject to the In-Hospital Limit. Subject to pre-authorisation by the relevant Managed Healthcare Programme According to the MediPhila Procedures List.

Refer to Addendum B for the list of services.



## **SMARTCARE** Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS  The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	visit per family subject to the Overall Annual Limit and thereafter subject to the Family Practitioner (FP)     Consultations and Visits Limit.
<b>FAMILY PRACTITIONER (FP) TELEPHONIC AND VIDEO CONSULTATIONS</b> Consultations and visits Out-of-Hospital subject to the use of the MediPhila Family Practitioner (FP) Network.	Subject to relevant benefit categories and limits.
MEDICAL SPECIALIST TELEPHONIC AND VIDEO CONSULTATIONS Subject to referral authorisation This benefit includes Cardiologists, Gynaecologists, Oncologists, Paediatricians, Psychiatrists, Psychologists and Specialist Physicians.	Subject to relevant benefit categories and limits.
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for Covid-19.	Refer to page 22.



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
Birth Control (Contraceptive Medication)	Restricted to <b>1 month's</b> supply to a maximum of <b>12 prescriptions</b> per annum per female beneficiary between the ages of <b>14 - 55 years old</b> , with a script limit of <b>R120</b> . Limited to the Scheme's Contraceptive formularies and protocols.
Flu Vaccination	1 per beneficiary 18+ years old to a maximum of R100.
Health Risk Assessment (Pharmacy or Family Practitioner)	1 per beneficiary 18+ years old per annum.
HPV Vaccination (Human Papillomavirus)	1 course of 2 injections per female beneficiary, 9-13 years old.  Subject to qualifying criteria.
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.
Pap Smear	1 per female beneficiary per annum.
PSA Screening (Prostate specific antigen)	Subject to Overall Annual Limit.
TB Test	1 test per beneficiary.



# **Smart**Care

A FIRST in South Africa, Medshield Medical Scheme's SmartCare benefits offer 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.



Member visits SmartCare



Medshield benefits.



Full medical history and clinical examination by registered nurse.



supported Pharmacy.

Over-the-Counter medicine.

Member collects

Over-the-Counter medication.



#### **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
- SmartCare services cannot provide Schedule 5 and up medication
- Over-the-Counter (OTC) and prescription medication is subject to the Pharmacy Advised Therapy Script Limit as per the Scheme Rules and chosen benefit option
- Clinics trading hours differs and are subject to store trading hours





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



Member collects medication from dispensary.

# Smart Care WhatsApp Dec

## **Medshield SmartCare**

COVID-19 WhatsApp Advice Line

To consistently provide access to care, Medshield has launched a WhatsApp channel where members can communicate with a doctor from the comfort of their home. By using this channel a doctor will be able to assess a patient for COVID-19.

> Not sure if you need to be tested for COVID-19? Use the Medshield SmartCare COVID-19

WhatsApp Advice Line for peace of mind!



#### Say 'Hi' to 087 250 0643

Service available on Mon - Fri: 09h00 to 17h00 and Sat: 09h00 to 13h00 T's & C's Apply.



A registered Doctor will respond with "Hi, I'm Dr X, I'll be helping you today."



Doctor requests your information e.g. name, age, symptoms and medical history.



Patient agrees to the terms and conditions of using the service.

Doctor reviews the initial questions and discusses with patient.



Doctor assesses all information. If you are:

### **Suspected COVID-19 case:**

Doctor assesses patient risk and ask for more information.



#### Not a suspected COVID-19 case:

Doctor provides relevant treatment or referral.

Doctor **refers patient** for testing.



T's & C's - You will receive advice from a Healthforce doctor over WhatsApp. All such doctors are registered with the Health Professions Council of South Africa and have been vetted by Healthforce. You cannot hold Healthforce, Medshield or anyone involved in this conversation responsible for injury or harm. This line is intended for advice and not to replace medical treatment. This chat will be saved on a 3rd party app, for the purposes of data collection and future review. We'll never share that information with a 3rd party unless it is required for your treatment. to fund your treatment or by law. You will be sharing your information on WhatsApp. Although encrypted, there is a small risk that an outsider can access information that is transmitted over the internet







# **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**

#### **EMERGENCY MEDICAL SERVICES**

Subject to pre-authorisation by the Ambulance and Emergency Services provider. Scheme approval required for Air Evacuation.

Clinical Protocols apply.

#### **BENEFIT LIMIT AND COMMENTS**

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 500
Adult Dependant	R1 500
Child	R387



# 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**

#### **CLUSTER 2**

#### **Diagnostic Treatment** Pairs (DTP)

#### **CLUSTER 3**

#### **26 Chronic Conditions**

#### 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 overservicing 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 guery 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 the borders 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.

Complaints can be directed via email to complaints@medshield.co.za, which directs the complaint to the respective 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 (EXCLUDED 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 / MU	SCLE			
4152	CK-MB: Mass determination: Quantitative (Automated)	No		
4161	Troponin isoforms: Each	No		
DIABETES				
4057	Glucose: Quantitative	No		
4064	HbA1C	No		
INFLAMMATION	N / IMMUNE			
3947	C-reactive protein	No		
LIPIDS				
4027	Cholesterol total	No		
4026	LDL cholesterol	No		
4028	HDL cholesterol	No		
4147	Triglyceride	No		
LIVER / PANCR	EAS			
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 / ELECT	 TROLYTES / BONE	AUTHORISATION		
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. HAEMATOLO	ogY	·		
CEREBROSPIN	AL 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 - 1	THYROID			
4482	Free thyroxine (FT4)	No		
4507	Thyrotropin (TSH)	No		
OTHER ENDOC	RINE			
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		
4531	Hepatitis B: carrier/ immunity (BsAB)	No		

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
HIV tests		Actionication
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 Disea		·
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. Miscellaneou		
4352	Faecal occult blood test (FOB)	No
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		
3879	Viable cell count  Campylobacter in stool: Fastidious culture	No
		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
	ne 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	ТВ	

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	<u>:</u>		
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 PARANA	ASAL 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 A		:	
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			<u> </u>
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 PELV	/IS	•	
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 ABDOM			
	7		1.00
5102	61200	•	Ultrasound of the left shoulder joint

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
	41200		Ultrasound study of the upper abdomen
3627	40210	0 · · · · · · · · · · · · · · · · · · ·	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 SAHPRA (South African Health Products Regulatory Authority), 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:

lonizers 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;

Tooth Whitening;

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 on 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;

General anaesthetics, moderate/deep 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;

All general anaesthetics and moderate/deep 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.

#### **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 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 SAHPRA (South African Health Products Regulatory Authority) 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 wraparound 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);

Breast reduction - benign breast disease;

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

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;

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; 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).

#### 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; 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** 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



## DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme All benefits in accordance with the Registered Rules of the Scheme.

Terms and conditions of membership apply as per Scheme Rules.

Pending CMS Approval.

September 2020