



# MediSaver

2024 Benefit Guide

 **MEDSHIELD**  
medical scheme

*Partner*  
FOR LIFE

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Medisaver

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*Medshield,  
where your healthcare journey  
and our commitment intertwines*



## Medshield Medical Scheme - Your Healthcare Partner for Life

Established in 1968 we are a trusted name in the healthcare cover industry. As a member of Medshield you can Live Assured knowing you have a healthcare **Partner for Life**.

- **Affordable Benefit Options** (9), innovatively designed to provide consistent cover for different healthcare needs and trends throughout life.
- **Highly effective managed care programmes** focussing on members' health and wellbeing.
- **Solid relationships with healthcare professionals and hospital groups** nationally enable easy access to care.
- **Innovative healthcare programmes** and extra value benefits focusing on members' health and wellbeing.
- The Scheme has a commitment to service excellence embodied in the **tailor-made approach to servicing and client retention activities**.
- The Medshield website login zone and the Mobile App **online platforms are available to service our members, at their convenience** – 24/7.
- The Council for Medical Schemes (CMS) **confirmed Medshield's Self-Administration Accreditation**. This means that we are able to keep our member contributions low, whilst ensuring the financial stability of the Scheme since we do not pay a separate organisation to administer the Scheme.
- As a **not-for-profit entity**, we are solely constituted for our members. Medshield has a very low administration fee.
- Medshield is **ISO 9001:2015 certified** which means our Quality Management System is of International Standard and delivers on member satisfaction – proving that our service structures is effective.
- The Scheme is **accredited as a Financial Services Provider** with the Financial Services Conduct Authority. This enables our registered representatives to provide financial advice to members to suitably address their unique, individual healthcare needs.
- Medshield has a **proven claims-paying ability** with an AA- GCR-rating for the 16th consecutive year.
- **Strong solvency rate/reserve is testament to financial stability** enabling the Scheme to subsidise portions of the annual contribution increases and provide **more benefits to members at a lower cost**.

# MediSaver Benefit Option

**MediSaver** is perfect for independent individuals and young professionals thinking about expanding their families. MediSaver offers unlimited hospital cover in the Compact Hospital Network, with the freedom to manage daily healthcare expenses through a generous Personal Savings Account.



**Ambulance Services**



**Major Medical Benefits (In-Hospital)**



**Oncology Benefits**

**This is an overview of the benefit categories on the MediSaver option**



**Personal Savings Account**



**Chronic Medicine Benefits**



**Maternity Benefits**











**Wellness Benefits**



## Important Member Information

### 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:

<p><b>Hospital Pre-Authorisation</b> You must request pre-authorization 72 hours before admission from the relevant Managed Healthcare Programme.</p>			<p><b>Hospitalisation Cover</b> Cover for hospitalisation includes accommodation, theatre costs, hospital equipment, theatre and/or ward drugs, pharmaceuticals and/or surgical items.</p>
	<p><b>Chronic Medicine Benefits</b> Registration and approval on the Chronic Medicine Management Programme is a pre-requisite to access this benefit.</p>		<p><b>Scheme Rules/Protocols</b> Pre-authorization is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable.</p>
<p><b>Day-to-Day Benefits</b> Consist of a Personal Savings Account for Out-of-Hospital services and is allocated six months in advance.</p>			<p><b>Designated Service Providers (DSPs)</b> The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.</p>
<p><b>Co-payments</b> Some procedures might attract co-payments – review this Guide to obtain information on these services, or call the Medshield Contact Centre.</p>			<p><b>Networks</b> Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools e.g. website and Member App, or from the Medshield Contact Centre.</p>

### Gap Cover

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

### Online Services

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

1. The Medshield Login Zone on [www.medshield.co.za](http://www.medshield.co.za).
2. The Medshield Member App: 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, and receive a summary of available benefits. Mobile charges may apply.
4. Medshield E-Card: SMS the word "card" to 44292 and you will get an immediate response with a link to your electronic card. To open the link use the pin sent to the phone number registered with Medshield. Mobile charges may apply.

### Use these convenient channels to:

- View your membership card digitally
- View your monthly statements
- View your current claims
- Submit a new claim
- Submit a query
- Update your contact details
- Access the document library
- View your authorisations
- Request a dental or hospital authorisation
- Access your tax certificate and member certificate
- Access the Provider Locator to search for healthcare professionals or establishments
- View the Scheme Rules; and
- Access the Virtual GP Consultation platform



## Contributions and Claims



## Monthly Contributions

MEDISAVER OPTION	PREMIUM	SAVINGS (INCLUDED IN PREMIUM)
Principal Member	R4 524	R679
Adult Dependand	R3 747	R562
Child*	R1 101	R165

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

**DEFINITION:**

Adult Dependand: A dependand who is 21 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).

Child Dependand: A dependand under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.



## 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, relevant Chonic Medicine Networks 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.



## The Application of Co-payments

The following services will attract upfront co-payments:

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

- 20% **upfront** co-payment
- 25% **upfront** co-payment
- 25% **upfront** co-payment
- 25% **upfront** co-payment
- 25% **upfront** co-payment
- 30% **upfront** co-payment
- 30% **upfront** co-payment
- 30% **upfront** co-payment
- 40% **upfront** co-payment
- 40% **upfront** co-payment

### In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB

- Endoscopic procedures (refer to **Addendum B\***)
- Hernia Repair (except in infants)
- Laparoscopic procedures
- Arthroscopic procedures
- Wisdom Teeth extraction in a Day Clinic
- Impacted Teeth, Wisdom Teeth and Apicectomy
- Nissen Fundoplication
- Hysterectomy
- Functional Nasal surgery
- Back and Neck surgery

- R1 500 **upfront** co-payment
- R3 000 **upfront** co-payment
- R3 500 **upfront** co-payment
- R3 500 **upfront** co-payment
- R1 575 **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.

\*No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.



## Medshield Hospital-at-Home Benefit



All Medshield members are entitled to cover for Prescribed Minimum Benefits (PMBs), irrespective of your chosen benefit option. Medshield's Hospital-at-Home service, delivered by Quro Medical, offers safe alternatives to hospitals as the centres of patient care and management. The Hospital-at-Home service gives members the option to receive active treatment for a specified period at home instead of a general hospital ward, without compromising on the quality of care.

Hospital-at-Home will not replace the quality care that only a hospital can provide, but should be seen as a complementary service in specific instances. In fact, research shows that patients recover better and faster in their own homes – resulting in improved health outcomes and a more positive experience. Some patients are more vulnerable to hospital-acquired infections and developing new health complications. Therefore, they may benefit from receiving care at their home. Patients eligible for Hospital-at-Home are those who would usually need admission in a hospital general ward.

Quro Medical works closely with each patient and his or her treating doctor to develop a personalised treatment plan that can be delivered at home. During treatment, a patient's medical needs may change and, if necessary, treatment plans would be amended accordingly. The Quro Medical clinical team schedules regular home visits, daily or more frequently, depending on individual need, to deliver the treatment and care required. Other channels are also available that give patients access to advice and support outside of home visits.

### Elements of care provided through the Hospital-at-Home service:

- Your doctor can monitor your condition day and night using digital technology. Additionally the service provides real-time hospital-grade monitoring at home by continuously collecting vital sign data (usually monitored in the hospital) wirelessly and automatically, and this data is closely monitored by a team of healthcare professionals in a 24-hour medical command centre

- Intravenous therapy
- In-person and virtual visits
- Skilled nursing
- Access to laboratory services, allied healthcare services e.g. physiotherapy, and short-term oxygen
- Rapid response protocols – if a patient's condition should worsen during treatment, the clinical team from Quro Medical will identify such changes and make the necessary arrangements, which may include an increase in visits, early review by the treating doctor and, rarely, transfer to hospital

### Benefits of Hospital-at-Home

- Faster recovery and a better healthcare experience
- Care tailored towards the member's individual needs
- Recovery in a comfortable and familiar environment
- Fewer health complications and re-admission

This service will be funded from members' Alternatives to Hospital benefit in line with hospital benefit management protocols. At home treatment and monitoring is an alternative to a hospital admission and requires the consent of the patient. Members can either be referred to Quro Medical by their treating doctor, or they can request this service from their doctor when general ward admission is considered, or when they wish to be relocated to the home earlier during a hospital admission. Please note that this service needs to be pre-authorized and approved through the hospital pre-authorization process by emailing [preauth@medshield.co.za](mailto:preauth@medshield.co.za).

This is just the latest innovation that the Scheme has added to ensure our members always have access to safe, convenient and quality care when they need it most.

For more information, please call **Hospital Benefit Management** on **086 000 2121** and follow the prompts.





## Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<b>OVERALL ANNUAL LIMIT</b>	<b>Unlimited.</b>
<b>HOSPITALISATION</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 Compact Hospital Network. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b> Specialist services from treating/attending Specialists are subject to pre-authorisation.
<b>SURGICAL PROCEDURES</b> As part of an authorised event.	<b>Unlimited.</b>
<b>MEDICINE ON DISCHARGE FROM HOSPITAL</b> Included in the hospital benefit if on the hospital account or if obtained from a pharmacy on the day of discharge.	Limited to <b>R760</b> per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
<b>ALTERNATIVES TO HOSPITALISATION</b> 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. <b>Includes the following:</b> <ul style="list-style-type: none"> <li>• <b>Physical Rehabilitation</b></li> <li>• <b>Sub-Acute Facilities</b></li> <li>• <b>Nursing Services</b></li> <li>• <b>Hospice</b></li> </ul> <ul style="list-style-type: none"> <li>• <b>Terminal Care</b></li> </ul> <b>Clinical Protocols apply.</b>	<b>R77 850</b> per family per annum. <b>25% upfront co-payment</b> applies for use of non-DSP.  <b>R43 200</b> 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. <b>Hiring or buying of Appliances, External Accessories and Orthotics:</b> <ul style="list-style-type: none"> <li>• <b>Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors</b> (motivation required)</li> <li>• <b>Hearing Aids</b> (including repairs)</li> <li>• <b>Wheelchairs</b> (including repairs)</li> <li>• <b>Stoma Products and Incontinence Sheets related to Stoma Therapy</b></li> <li>• <b>CPAP Apparatus for Sleep Apnoea</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 Preferred Provider.</li> </ul> <b>Clinical Protocols apply.</b>	<b>R11 600</b> per family per annum.  <b>R930</b> per beneficiary per annum. Subject to Appliance Limit.  Subject to Appliance Limit.  Subject to Appliance Limit.  Unlimited if pre-authorised.  Subject to Appliance Limit.
<b>OXYGEN THERAPY EQUIPMENT</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 DSP or Network Provider. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>HOME VENTILATORS</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 DSP or Network Provider. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood)</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 DSP or Network Provider. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>



## Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<p><b>MEDICAL PRACTITIONER CONSULTATIONS AND VISITS</b></p> <p>As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.</p>	<b>Unlimited.</b>
<p><b>REFRACTIVE SURGERY</b></p> <p>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.</p> <p><b>Includes the following:</b></p> <ul style="list-style-type: none"> <li>• Lasik</li> <li>• Radial Keratotomy</li> <li>• Phakic Lens Insertion</li> </ul> <p><b>Clinical Protocols apply.</b></p>	<b>R10 900</b> per family per annum. Including hospitalisation, if not authorised, payable from Personal Savings Account.
<p><b>SLEEP STUDIES</b></p> <p>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.</p> <p><b>Includes the following:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic Polysomnograms</li> <li>• CPAP Titration</li> </ul> <p><b>Clinical Protocols apply.</b></p>	<b>Unlimited.</b> <b>Unlimited.</b>
<p><b>ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION</b></p> <p>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.</p> <p><b>Includes the following:</b></p> <ul style="list-style-type: none"> <li>• Immuno-Suppressive Medication</li> <li>• Post Transplantation and Biopsies and Scans</li> <li>• Related Radiology and Pathology</li> <li>• Corneal Grafts and Transplant (International)</li> <li>• Corneal Grafts and Transplant (Local)</li> </ul> <p><b>Clinical Protocols apply.</b></p>	<b>R309 100</b> per family per annum. <b>25% upfront co-payment</b> for the use of a non-Compact Network Hospital. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry. <b>R48 950</b> per beneficiary for internationally sourced cornea. Subject to the Overall Annual Limit. <b>R21 000</b> per beneficiary for locally sourced cornea. Subject to the Overall Annual Limit.
<p><b>PATHOLOGY AND MEDICAL TECHNOLOGY</b></p> <p>As part of an authorised event, and excludes allergy and vitamin D testing. <b>Clinical Protocols apply.</b></p>	<b>Unlimited.</b>
<p><b>PHYSIOTHERAPY</b></p> <p>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 guide.</p>	<b>R3 100</b> per beneficiary per annum. Thereafter subject to Personal Savings Account unless specifically pre-authorised.
<p><b>PROSTHESIS AND DEVICES INTERNAL</b></p> <p>Surgically implanted devices are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. Preferred Provider Network will apply. <b>Clinical Protocols apply.</b></p>	<b>R51 500</b> per family per annum. <b>25% upfront co-payment</b> for non-PMB. <b>Sub-limit</b> for hips and knees: <b>R37 300</b> per beneficiary, subject to Prosthesis and Devices Internal Limit.
<p><b>PROSTHESIS EXTERNAL</b></p> <p>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.</b> <b>Clinical Protocols apply.</b></p>	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
<p><b>LONG LEG CALLIPERS</b></p> <p>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.</p>	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<b>GENERAL RADIOLOGY</b> As part of an authorised event. <b>Clinical Protocols apply.</b>	<b>Unlimited.</b>
<b>SPECIALISED RADIOLOGY</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 DSP or Network Provider. <b>Includes the following:</b> <ul style="list-style-type: none"> <li>• <b>CT scans, MUGA scans, MRI scans, Radio Isotope studies</b></li> <li>• <b>CT Colonography (Virtual colonoscopy)</b></li> <li>• <b>Interventional Radiology replacing Surgical Procedures</b></li> </ul> <b>Clinical Protocols apply.</b>	<b>R23 100</b> per family per annum, In- and Out-of-Hospital.  Subject to Specialised Radiology Limit. No co-payment applies to the CT Colonography. <b>Unlimited.</b>
<b>CHRONIC RENAL DIALYSIS</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 DSP or Network Provider.  <b>Haemodialysis and Peritoneal Dialysis includes the following:</b> <b>Material, Medication, related Radiology and Pathology</b> <b>Clinical Protocols apply.</b>	<b>R309 100</b> per family per annum. <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.
<b>NON-SURGICAL PROCEDURES AND TESTS</b> As part of an authorised event. The use of the Medshield Specialist Network may apply.	<b>Unlimited.</b>
<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 Compact 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.  <ul style="list-style-type: none"> <li>• <b>Rehabilitation for Substance Abuse</b>  <b>1 rehabilitation programme per beneficiary per annum</b></li> <li>• <b>Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling</b></li> </ul>	<b>R48 700</b> per family per annum, In- and Out-of-Hospital. <b>25% upfront co-payment</b> for the use of a non-Compact Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions.  <b>R17 300</b> per family per annum. Limited to and included in the Mental Health Limit. Subject to Mental Health Limit.
<b>HIV &amp; AIDS</b> Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 014 3258 and must be obtained from the DSP.  <b>Includes the following:</b> <ul style="list-style-type: none"> <li>• <b>Anti-retroviral and related medicines</b></li> <li>• <b>HIV/AIDS related Pathology and Consultations</b></li> <li>• <b>National HIV Counselling and Testing (HCT)</b></li> </ul>	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 <b>30% upfront co-payment.</b>
<b>INFERTILITY INTERVENTIONS AND INVESTIGATIONS</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 DSP. The use of the Medshield Specialist Network may apply. <b>Clinical Protocols apply.</b>	Limited to interventions and investigations only. <b>Refer to Addendum A</b> for the list of procedures and blood tests.



## 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>ONCOLOGY LIMIT (40% upfront co-payment for the use of a non-DSP)</b> <ul style="list-style-type: none"> <li><b>Active Treatment</b> Including Stoma Therapy, Incontinence Therapy and Brachytherapy.</li> <li><b>Oncology Medicine</b></li> <li><b>Radiology and Pathology</b> Only Oncology related Radiology and Pathology as part of an authorised event.</li> <li><b>PET and PET-CT</b></li> </ul>	<b>R389 100</b> per family per annum. Subject to Oncology Limit. <b>ICON Core</b> Protocols apply. <b>R259 500</b> per family per annum. Subject to Oncology Limit. <b>ICON Core</b> Protocols apply. Subject to Oncology Limit. <b>R24 700</b> per family per annum. Limited to <b>1 Scan</b> per family per annum. Subject to Oncology Limit.
<b>INTEGRATED CONTINUOUS CANCER CARE</b> Social worker psychological support during cancer care treatment.	<b>6 visits</b> per family per annum. Subject to Oncology Limit.
<b>SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS</b> Subject to pre-authorisation on 086 000 2121 or (+27 11 671 2011). <ul style="list-style-type: none"> <li><b>Vitreoretinal Benefit</b> Vitreous and Retinal disorder. Subject to pre-authorisation.</li> </ul> <b>Clinical Protocols apply.</b>	Subject to Oncology Medicine Limit. <b>20% upfront co-payment</b> for non-PMB. Subject to the Specialised Drugs Limit.
<b>BREAST RECONSTRUCTION (following an Oncology event only)</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 DSP or Network Provider. The use of the Medshield Specialist Network may apply. <b>Post Mastectomy</b> (including all stages) <b>Clinical Protocols apply.</b>	<b>R98 800</b> per family per annum. 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.

### 30% 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 condition.

### Re-imbursment at Maximum Generic Price

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<ul style="list-style-type: none"> <li>• The use of a Medshield Pharmacy Network Provider is applicable from Rand one.</li> <li>• Supply of medication is limited to <b>one month</b> in advance.</li> </ul>	Limited to PMB only. Medicines will be approved in line with the Medshield <b>Formulary</b> , and is applicable from Rand one.

# How to apply for your Chronic Medicine

If you have been diagnosed with a chronic condition you will require long-term medication. It is important to register your chronic medication so the payment of your medicine can be covered from your Chronic Medicine benefit and not your Day-to-Day allocation or Savings.

Follow these easy steps:

## STEP 1

Your doctor or Pharmacist can call Mediscor on **086 000 2120** (Choose option 3 and then option 1) or email **medshieldauths@mediscor.co.za**.

### You will need the following information:

- Membership details: Benefit Option name and your membership number
- Patient details: Name, Dependant code (on the back of your membership card) and date of birth
- Your Doctor's details: Initials, surname and practice number
- Diagnosis details: What chronic condition has been diagnosed and the ICD-10 code
- Prescribed medicine: Medicine name, strength and dosing frequency

*If additional information or a motivation is required, we will contact you and/or your treating doctor.*

## STEP 2

Your registration will be evaluated in line with the Scheme Rules and Protocols by in-house qualified and registered pharmacists and pharmacy assistants.

Your application will be processed according to the formularies appropriate for the condition and Benefit Option.

Different types of formularies apply to the conditions covered under the various Benefit Options. You can check online if your medication is on the formulary for your

Benefit Option by visiting [www.mediscor.co.za/search-client-medicine-Formulary/](http://www.mediscor.co.za/search-client-medicine-Formulary/). If your medicine is not on the formulary for your Benefit Option you can ask your doctor if there is an alternative available that is on the formulary otherwise you will be liable for an upfront co-payment.

## STEP 3

You will receive a standard medicine authorisation and treatment letter once your application for chronic medication have been processed.

If your registration requires additional test results or a motivation, you should follow up with your treating Doctor to provide this information.

## STEP 4

Take your script to the Chronic Medicine Designated Service Provider (DSP) Network for your Benefit Option and collect your medicine or have it delivered to your home.

### Chronic Medicine Authorisation Contact Centre hours

Mondays to Fridays: 07:30 to 17:00



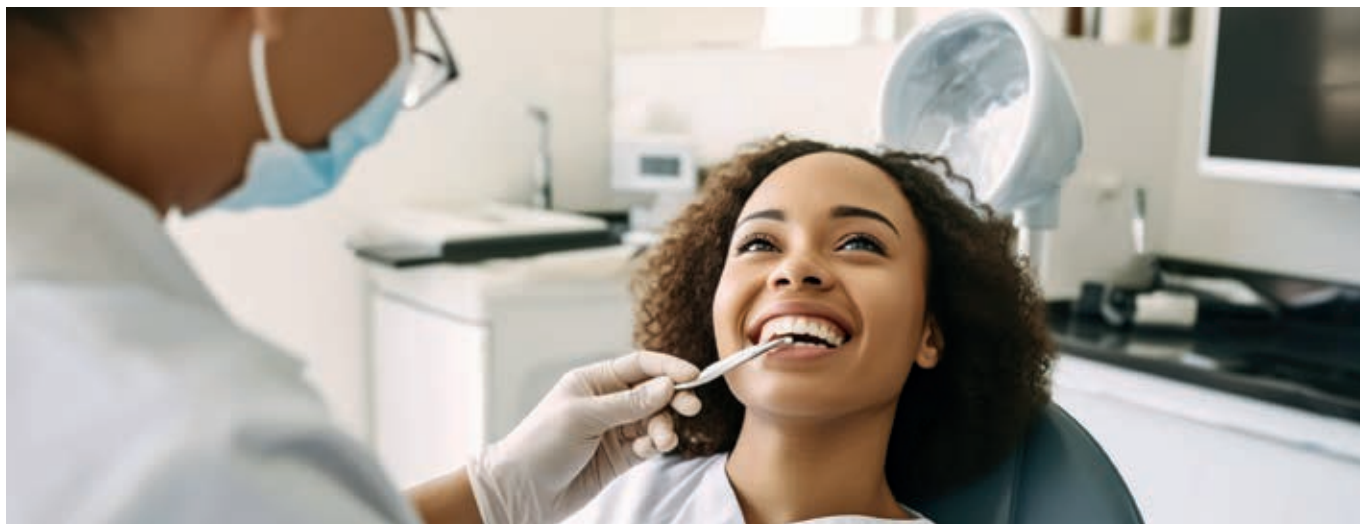
## MEDISAVER CHRONIC DISEASE LIST

Addison's disease  
Asthma  
Bi-Polar Mood Disorder  
Bronchiectasis  
Cardiac failure  
Cardiomyopathy  
Chronic renal disease

Chronic obstructive pulmonary disease  
Coronary artery disease  
Crohn's disease  
Diabetes insipidus  
Diabetes mellitus type 1  
Diabetes mellitus type 2  
Dysrhythmias

Epilepsy  
Glaucoma  
Haemophilia  
Hyperlipidaemia  
Hypertension  
Hypothyroidism  
Multiple sclerosis

Parkinson's disease  
Rheumatoid arthritis  
Schizophrenia  
Systemic lupus erythematosus  
Ulcerative colitis  
Depression



## Dentistry Benefits

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<p><b>BASIC DENTISTRY</b></p> <ul style="list-style-type: none"> <li> <b>In-Hospital</b> (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 <b>20% penalty</b>. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the Compact Hospital Network.         </li> <li> <b>Out-of-Hospital</b>            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 <b>20% penalty</b>.         </li> </ul>	<p>Subject to the Specialised Dentistry Limit.</p> <p>Subject to Personal Savings Account.</p>
<p><b>SPECIALISED DENTISTRY</b></p> <p>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 <b>20% penalty</b>. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.</p> <ul style="list-style-type: none"> <li> <b>Impacted Teeth, Wisdom Teeth and Apicectomy</b>            Hospitalisation, general anaesthetics or conscious analgo sedation only for bony impactions. Out-of-Hospital apicectomy of any permanent teeth only covered in Practitioners' Rooms. Subject to the Hospital Managed Healthcare Programme and pre-authorisation. Subject to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Subject to pre-authorisation of general anaesthetic and conscious analgo sedation, In- and Out-of-Hospital. No authorisation required for apicectomy, removal of impacted teeth or wisdom teeth if done under local anaesthetic.         </li> <li> <b>Dental Implants</b>            Includes all services related to implants Subject to pre-authorisation.         </li> <li> <b>Orthodontic Treatment</b>            Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.         </li> <li> <b>Crowns, Bridges, Inlays, Mounted Study Models, Partial Chrome Cobalt Frame Dentures and Periodontics</b>            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.         </li> </ul>	<p><b>R14 550</b> per family per annum.</p> <p>Subject to the Specialised Dentistry Limit.  <b>R1 575 upfront co-payment</b> applies for wisdom teeth extraction performed in a Day Clinic.  <b>R3 500 upfront co-payment</b> applies if procedure is done In-Hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.</p> <p>Subject to the Specialised Dentistry Limit.</p> <p>Subject to Personal Savings Account.</p> <p>Subject to Personal Savings Account.</p>
<p><b>MAXILLO-FACIAL SURGERY</b></p> <p>All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).  <b>Non-elective surgery only.</b>            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.</p>	<p><b>R21 950</b> per family per annum.</p>



A **Medshield complimentary baby bag** can be requested during the 3<sup>rd</sup> trimester. Kindly send your request to [medshieldmom@medshield.co.za](mailto:medshieldmom@medshield.co.za).



## Maternity Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorization 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.

**8 Visits** per event  
For **Antenatal Classes & Postnatal Midwife Consultations.**

**Two 2D Scans** per pregnancy.

**One Amniocentesis test** per pregnancy.

### CONFINEMENT

Subject to pre-authorization by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).

The use of the Medshield Specialist Network may apply. A **25% upfront co-payment** applies for the voluntary use of a non-DSP facility.

- **Confinement In-Hospital**
- **Delivery by a Family Practitioner or Medical Specialist**
- **Confinement in a registered birthing unit or Out-of-Hospital**

**Unlimited**, with the use of a Compact Network Hospital.

**Unlimited.**

**Unlimited.**

- Delivery by a registered Midwife or a Practitioner

**Medshield Private Rates (up to 200%)**

applies to a registered Midwife only.

- Hire of water bath and oxygen cylinder

**Unlimited.**

**Clinical Protocols apply.**

### PAEDIATRIC CONSULTATIONS Out-of-Hospital

**2 visits per beneficiary** under the age of 2 years old, limited to and included in the Overall Annual Limit. Thereafter limited to the Personal Savings Account.

# Especially for Medshield MOMs

Motherhood is so much more than giving birth to a child. It's loving and knowing a soul before you even see it. It's carrying and caring for a life completely dependent on you for survival. It's giving air to the lungs that grew within you, and sight to the eyes that will look to you for answers to life's questions.

The Medshield MOM dedicated website will assist women on their journey to motherhood, through all the various stages of pregnancy, birth and postpartum, ensuring that parents and parents-to-be are aware of the pregnancy-related benefits they enjoy as Medshield members.

The website, [www.medshieldmom.co.za](http://www.medshieldmom.co.za) is an easy-to-use online resource to access a hub of important content related to health, fitness, nutrition, the body, motherhood, babies, toddlers and more, all suited to the pre- and post-partum phases.



A guide on your journey from **beginning** to **end**

Advice formulated by **professionals**



Emails with updates on the **size & development** of your **unborn child**



**Convenient**, easily **accessible** and **reliable** pregnancy resources

**Email reminders** to schedule appointments with your doctor and to apply for hospital pre-authorisations etc.

**Endorsed by ambassadors**



**Toddler benefit** which incorporates information relating to child immunisation, child nutrition, a **24/7 nurse helpline** and digital/online child yoga

Moms may register and input the particular week of their pregnancy journey, and they will start receiving content based on that specific time frame and moving forward.

The Medshield MOM bags are locally manufactured, using sustainable, recycled material. These unique bags are packed with fantastic Bennetts products for your little one. Moms can get in touch with us during their third trimester to book a bag. Email [medshieldmom@medshield.co.za](mailto:medshieldmom@medshield.co.za) with your request, membership number, contact details and delivery address.

The Bennetts and Medshield MOM partnership also brings you incredible content and information to assist you along your journey.



*Medshield walks the pregnancy journey alongside our moms. A health cover partner that is committed to mom care and new life, ensuring that the next generation of South Africans are all born healthy, happy and stay that way.*







## Out-of-Hospital Benefits

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

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

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

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





## SmartCare Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<b>PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS</b> The use of the SmartCare Pharmacy Network compulsory from Rand one.	<b>Unlimited.</b>
<b>NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS</b> Subject to the use of the SmartCare Family Practitioner (FP) Network.	<b>1 visit</b> per family subject to the Overall Annual Limit and thereafter subject to the Personal Savings Account.

# SmartCare

**SmartCare** provides access to Videomed, telephone and video consultation through specified healthcare practitioners. **SmartCare** is an evolving healthcare benefit that is designed around offering members the convenience of easy access to care.

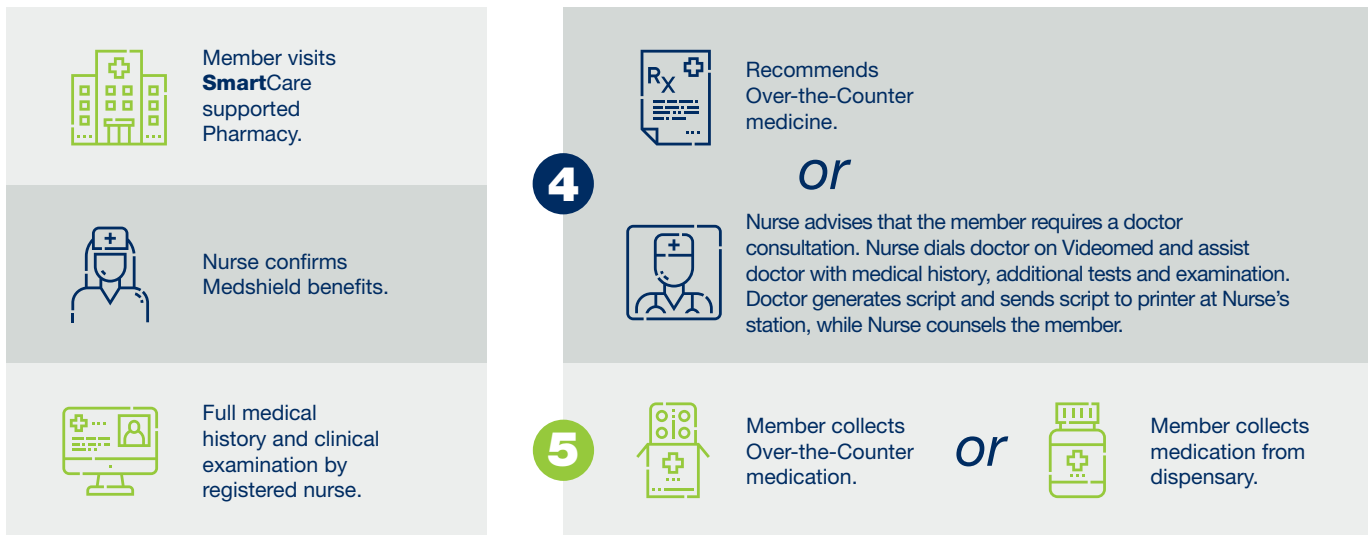
### SMARTCARE SERVICES:

**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.



**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.



## Day-to-Day Benefits

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
<b>FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL</b> FP consultations and visits can be accessed in-person, telephonically or virtually. <ul style="list-style-type: none"> <li><b>Medshield Family Practitioner (FP) Network</b> Consultations and Visits Out-of-Hospital.</li> <li><b>Extended FP visits for all Emergency and Chronic FP consultations</b> (In-person only) Subject to registering on the relevant Disease Management Programme and pre-authorisation on 086 000 2120 (Choose relevant option) or +27 10 597 4701. Chronic Disease List &amp; Clinical Protocols apply.</li> </ul> <b>The use of the Medshield Family Practitioner Network applies.</b>	Subject to Personal Savings Account.  <b>2</b> per beneficiary from the Overall Annual Limit once the Personal Savings Account has been depleted. <b>Unlimited</b> , once the Personal Savings Account and the Care Plan FP visits have been depleted. Service <b>must</b> be obtained from a nominated Family Practitioner on the Medshield Family Practitioner Network. <b>1</b> FP nomination per beneficiary.
<b>MEDICAL SPECIALIST CONSULTATIONS AND VISITS</b> The use of the Medshield Specialist Network may apply.	Subject to Personal Savings Account.
<b>CASUALTY/EMERGENCY VISITS</b> Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Personal Savings Account.
<b>MEDICINES AND INJECTION MATERIAL</b> <ul style="list-style-type: none"> <li><b>Acute medicine</b> Medshield medicine pricing and formularies apply.</li> <li><b>Pharmacy Advised Therapy (PAT)</b> Limited to Schedules 0, 1 and 2 medicine advised and dispensed by a Pharmacist. The use of the Medshield Pharmacy Network applies.</li> </ul>	Subject to Personal Savings Account.  Limited to <b>R270</b> per script, subject to the Personal Savings Account. <b>1 Script</b> per beneficiary per day. Co-payment applies for use of non-Medshield Network Pharmacy.
<b>OPTICAL LIMIT</b> Subject to relevant Optometry Managed Healthcare Programme and Protocols. <ul style="list-style-type: none"> <li><b>Optometric Refraction</b> (eye test).</li> <li><b>Spectacles AND Contact Lenses</b> Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses.</li> <li><b>Frames and/or Lens Enhancements</b></li> <li><b>Readers</b> If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner, or a Registered Pharmacy.</li> </ul>	Subject to Personal Savings Account.  <b>1 test</b> per beneficiary per 24 month optical cycle. Limited to Personal Savings Account.  Subject to Personal Savings Account.  Subject to Personal Savings Account.  <b>R200</b> per beneficiary per annum. Subject to Personal Savings Account.
<b>PATHOLOGY AND MEDICAL TECHNOLOGY</b> Subject to the relevant Pathology Managed Healthcare Programme and Protocols. <ul style="list-style-type: none"> <li><b>COVID-19 PCR/Antigen Test</b></li> </ul>	Subject to Personal Savings Account.  <b>1st test</b> included in Overall Annual Limit, thereafter subject to Personal Savings Account unless positive result which is then subject to PMB.
<b>PHYSIOTHERAPY, BIKINETICS AND CHIROPRACTICS</b>	Subject to Personal Savings Account.
<b>GENERAL RADIOLOGY</b> Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Personal Savings Account. <b>1 Bone Densitometry scan</b> per beneficiary per annum In- or Out-of-Hospital.
<b>SPECIALISED RADIOLOGY</b> 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>R23 100</b> per family per annum, In- and Out-of-Hospital.
<b>NON-SURGICAL PROCEDURES AND TESTS</b> The use of the Medshield Specialist Network may apply. <ul style="list-style-type: none"> <li><b>Non-Surgical Procedures</b></li> <li><b>Procedures and Tests in Practitioners' rooms</b></li> <li><b>Routine diagnostic Endoscopic Procedures in Practitioners' rooms</b></li> </ul>	Subject to Personal Savings Account.  Subject to Personal Savings Account.  <b>Unlimited.</b> <b>Refer to Addendum B</b> for the list of services.  Limited to and included in the Overall Annual Limit if done in practitioner's rooms. <b>R1 500 upfront co-payment</b> applicable if done In-Hospital. No co-payment applicable In-Hospital for children 8 years and younger. <b>Refer to Addendum B</b> for the list of services.



## Visit your Doctor without leaving your home!

### VIRTUAL FAMILY PRACTITIONER CONSULTATION

You can now consult with a qualified Family Practitioner (FP) via computer, smartphone or tablet from the comfort of your home or private space - all you need is an internet connection!

Our partnership with Intercare gives all members reliable and secure access to video consultation with a FP through our Virtual FP Consultation portal on the home page of the Medshield website.



### HOW DOES IT WORK?

#### STEP 1

Click on the link on the Medshield home page at [www.medshield.co.za](http://www.medshield.co.za) and follow the Virtual Family Practitioner Consultation link. (see image below)

You can also use the Medshield App. A SmartCare icon is available under Member Tools. Select SmartCare and a new screen will open with the Virtual Consultation link.

The Medshield Member App is available for download from the relevant Apple IOS, Android or Huawei store.

#### STEP 2

Once you followed the link you need to enter the patient details on a virtual form. After submitting the form a system check confirms that you are a valid member and that you have benefits available. Your benefits is included in your Family Practitioner: Out-of-Hospital benefits for your Benefit Option.

#### STEP 3

You will receive a SMS with an OTP on the number you have entered on the form. By entering the OTP, you consent to the Virtual Consultation and you will be placed in a queue for the next available Doctor to consult with you.

#### STEP 4

During the consultation the Family Practitioner might suggest a sick note, or prescribe medicine and will email this to you to the address you added in Step 2 on the Patient Detail form.

#### STEP 5

Please note that only scripts up to and including Schedule 4 medication may be e-mailed to a patient. Higher scheduled medicine will only be accepted by pharmacies enabled with electronic scripting. The consulting Doctor can provide further guidance.



## Day-to-Day Benefits



BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<p><b>MENTAL HEALTH</b></p> <p>Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.</p>	<p><b>R5 850</b> per family per annum.                      Limited to and included in the Mental Health Limit of <b>R48 700</b>.</p>
<p><b>INTRAUTERINE DEVICES AND ALTERNATIVES</b></p> <p>Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the relevant clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms.                      Only applicable if no contraceptive medication is used.  <b>On application only.</b></p>	<p><b>1 per female</b> beneficiary.                      Subject to Overall Annual Limit. Includes all IUD brands up to and including the price of the Mirena device. Mirena/Kyleena device: <b>1</b> per female beneficiary every 5 years.                      Implanon: <b>1</b> per female beneficiary every 3 years.                      Nova T/Copper device: <b>1</b> per female beneficiary every 2 years.</p>
<p><b>ADDITIONAL MEDICAL SERVICES</b></p> <p>Audiology, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners. Dietetics In-Hospital referral is subject to authorisation from 086 000 2121 (+27 11 671 2011).</p>	<p>Subject to Personal Savings Account.</p>
<p><b>ALTERNATIVE HEALTHCARE SERVICES</b></p> <p>Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.</p>	<p>Subject to Personal Savings Account.</p>



## Wellness Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures. At Medshield we encourage members to have the necessary tests done at least once a year. Wellness Benefits are subject to the use of Pharmacies that are included in your benefit option's Pharmacy Network, available at [www.medshield.co.za](http://www.medshield.co.za).

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

BENEFIT CATEGORY	BENEFIT LIMIT/COMMENTS
<b>Adult Vaccination</b>	<b>R470</b> per family per annum. Thereafter payment from the Personal Savings Account.
<b>COVID-19 Vaccination</b> Subject to relevant Managed Healthcare Programme. Limited to Scheme Vaccination Formulary. Excludes consultation costs.	Subject to the Overall Annual Limit. Protocols apply.
<b>Birth Control (Contraceptive Medication)</b> Only applicable if no intrauterine devices and alternatives are used.	Restricted to <b>1 month's</b> supply to a maximum of <b>13 prescriptions</b> per annum per female beneficiary between the ages of <b>14 - 55 years old</b> , with a script limit of <b>R210</b> .
<b>Bone Density (for Osteoporosis and bone fragmentation)</b>	<b>1 per beneficiary 50+ years old every 3 years.</b>
<b>Flu Vaccination</b>	<b>1 per beneficiary 18+ years old</b> , included in the Overall Annual Limit. Thereafter payable from the Personal Savings Account.
<b>Health Risk Assessment (Pharmacy or Family Practitioner)</b>	<b>1 per beneficiary 18+ years old</b> per annum.
<b>HPV Vaccination (Human Papillomavirus)</b>	<b>1 course of 2 injections per female</b> beneficiary, <b>9 - 13 years old</b> . Subject to qualifying criteria.
<b>Mammogram (Breast Screening)</b>	<b>1 per female</b> beneficiary <b>40+ years old every 2 years.</b>
<b>National HIV Counselling Testing (HCT)</b>	<b>1 test</b> per beneficiary per annum.
<b>Pap Smear</b>	<b>1 test</b> per female beneficiary per annum.
<b>Pneumococcal Vaccination</b>	<b>1 per annum</b> for high risk individuals and for beneficiaries <b>60+ years old</b> .
<b>PSA Screening (Prostate specific antigen)</b>	<b>1 test per male beneficiary between the ages of 50 - 69 years old</b> , included in the Overall Annual Limit. Thereafter payable from the Personal Savings Account.
<b>TB Test</b>	<b>1 test</b> per beneficiary.
<b>Child Immunisations: Immunisation programme as per the Department of Health Protocol and specific age groups:</b>	
<b>At Birth:</b> Tuberculosis (BCG) and Polio OPV.	
<b>At 6 Weeks:</b> Polio (OPV), Diptheria, Tetanus, Pertussis (Whooping Cough)(DTP), Hepatitis B, Hemophilus Influenza B (HIB), Rotavirus, Pneumococcal.	
<b>At 10 Weeks:</b> Polio, Diptheria, Tetanus, Pertussis (Whooping Cough)(DTP), Hepatitis B, Hemophilus Influenza B (HIB), Pneumococcal, Rotavirus(Optional).	
<b>At 14 Weeks:</b> Polio, Diptheria, Tetanus, Pertussis (Whooping Cough)(DTP), Hepatitis B, Hemophilus Influenza B (HIB), Rotavirus, Pneumococcal.	
<b>At 6 Months:</b> Measles MV(1).	
<b>At 9 Months:</b> Measles, Pneumococcal and Chickenpox CP.	
<b>At 12 Months:</b> Measles MV (2).	
<b>At 15 Months:</b> Chickenpox CP.	
<b>At 18 Months:</b> Polio, Diptheria, Tetanus, Pertussis (Whooping Cough)(DTP), Measles, Mumps and Rubella (MMR).	
<b>At 6 Years:</b> Polio, Diptheria and Tetanus (DT).	



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

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

**Child Immunisation**

Through the following providers:

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

**Health Risk Assessments**

Can be obtained from:

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



# Ambulance Services

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

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

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



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

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



Telephonic  
**medical advice**





## Prescribed Minimum Benefits (PMB)

### Introduction

All Medshield members are entitled to cover for Prescribed Minimum Benefits (PMBs), irrespective of your chosen benefit option. Medshield covers the cost of treatment for a PMB, provided that the services are rendered by a provider that is one of Medshield's Designated Service Providers (DSP) and according to the Scheme Rules.

This document provides detailed information on how Medshield covers PMBs, both if you are admitted to hospital (In-Hospital) or receive treatment without being admitted to hospital (Out-of-Hospital).

Please note that PMBs have specific requirements according to the Scheme Rules, and these vary depending on your chosen benefit option. It is therefore important that you take note of your benefit option and the PMB requirements pertaining to your option, as detailed in this Guide.

### What is a Prescribed Minimum Benefit (PMB)?

The Medical Schemes Act 131 of 1998 stipulates that all medical schemes have to cover the costs related to the diagnosis, treatment and care of the following:

1. Any life-threatening medical emergency
2. A defined set of 26 Chronic Disease List (CDL) conditions
3. 271 DTP diagnoses

The Council of Medical Schemes website at [www.medicalschemes.co.za/resources/pmb/](http://www.medicalschemes.co.za/resources/pmb/) provides the list of conditions identified as Prescribed Minimum Benefits.

### Explaining the various terms and what they mean when talking PMB's

TERM	DESCRIPTION AS IT RELATES TO PMBs
<b>Care Plan</b>	A plan with details of approved treatment, Doctor visits, pathology, radiology etc. to treat your condition. For the 26 CDL conditions and the 271 DTP (Non-CDL conditions) an annual Care Plan will be generated upon approval of a PMB application. The PMB application form is available on <a href="http://www.medshield.co.za">www.medshield.co.za</a> . <b>Important:</b> If you need additional treatment or benefits than what is stipulated on the Care Plan, you need to apply to the Scheme. (Please refer to the 'Your Medshield Cover for PMB' section of this document for more details per benefit option).
<b>CDL</b> Chronic Disease List	A defined list of 26/27 chronic conditions that we cover according to the Medical Schemes Act.
<b>Co-payment</b>	This is an amount that you need to pay towards a healthcare service/or treatment. <ul style="list-style-type: none"> <li>• A co-payment can be levied on specific procedures/services/treatment, and is specified in your specific option's benefit guide available on <a href="http://www.medshield.co.za">www.medshield.co.za</a>.</li> <li>• A co-payment is also the difference between the cost of the service provider and the amount the Scheme pays, as detailed in your option's benefit guide.</li> </ul> To minimise co-payments it is important that you obtain healthcare services from the dedicated DSPs on the various networks for your chosen benefit option, available on <a href="http://www.medshield.co.za">www.medshield.co.za</a> .
<b>Day-to-Day Limit</b>	The Day-to-Day limit is an allocation to members from Risk. The Day-to-Day limit is available on the MediBonus, MediPlus Prime & Compact, MediValue Prime and Compact and the MediPhila benefit options.
<b>DSP</b> Designated Service Providers	Each benefit option has specific networks of Designated Service Providers, which are healthcare providers (such as doctors, specialists, pharmacies, hospitals, optometrists and dentists) who provide treatment to Medshield members at a contracted rate. You are encouraged to use only these DSP's for healthcare services to ensure that you don't have to pay co-payments. Visit <a href="http://www.medshield.co.za">www.medshield.co.za</a> and click on Member Networks under the Member tab or click on Networks on the Medshield app to view the full list of DSPs per benefit option.
<b>DTP</b> Diagnosis and Treatment Pair	A Diagnosis and Treatment Pair links a specific diagnosis to a treatment based on best practice healthcare and affordability of the treatment, and broadly indicates how these 271 DTP PMB conditions should be treated. Should there be a disagreement about the treatment of a specific case, the standards (also called practice and protocols) in force in the public sector will be applied.
<b>Hospital Plan</b>	Medshield's Hospital Plan (MediCore & MediSwift) do not have a Savings or Day-to-Day Limit.

TERM	DESCRIPTION AS IT RELATES TO PMBs
<b>In-Hospital</b>	Treatment received whilst admitted in a hospital.
<b>ICD-10</b>	ICD-10 code is an international diagnostic coding standard owned and maintained by the World Health Organisation (WHO).
<b>Out-of-Hospital</b>	Treatment received without being admitted to a hospital.
<b>PMB</b>	The Medical Schemes Act 131 of 1998 stipulates that all medical schemes have to cover the costs related to the diagnosis, treatment and care of a defined list of conditions. These conditions are available on the Council for Medical Schemes' website at <a href="http://www.medicalschemes.co.za/resources/pmb/">www.medicalschemes.co.za/resources/pmb/</a> .
<b>PMB Level of Care</b>	The treatment needed for your PMB condition, based on the guidelines and established practices at most public hospitals or government facilities.
<b>Risk (OAL)</b>	The Scheme covers the costs, and it is not taken from your benefits as shown on your option's benefit guide.
<b>Related Claims</b>	Any claim from a healthcare service provider other than the hospital account, for one specific healthcare event and treatment/services that stems from that event.
<b>Savings</b>	Personal Medical Saving Account consist of actual contributions received from members. These are available on the PremiumPlus and MediSaver benefit options.
<b>Scheme Rules</b>	According to the Medical Schemes Act, the Scheme Rules of a medical scheme shall be binding on both the Scheme and its members. The Rules contain the exact details of benefits payable by the medical scheme and include the specific benefits pertaining to each benefit option, the rate of reimbursement, sub-limits or co-payments that may apply, exclusions, the use of DSPs etc. All medical scheme memberships are governed by the Rules of the medical scheme that regulate the relationship with all members equally. The Scheme Rules can be requested via the Medshield website on <a href="http://www.medshield.co.za">www.medshield.co.za</a> .



## Important checklist about accessing benefits for a PMB condition

- The condition must qualify as a PMB and must be on the Chronic Disease List or 271 DTP, or a life-threatening medical emergency
- When diagnosed your treatment must match those in the defined benefits available on the PMB list. Check whether your chosen benefit option qualifies as PMB Level of Care payment or PMB, as some options allow richer treatment than what is specified as PMB Level of Care
- It is important to use the Designated Service Providers as specified on your chosen benefit option. If your option has preferred networks for chronic medicine, hospitals, pharmacies or healthcare providers, you have to obtain services from those providers otherwise you might be liable for a portion or the whole cost, or it might pay from your Day-to-Day allocation or Savings portion
- Scheme Rules apply – even if your condition is identified as a PMB you have to follow the rules as set out by your benefit option
- Review the requirements in this Guide to ensure you complete a PMB application form when required

## Your Medshield Cover for a PMB

**PMB cover can be divided into 2 groups:**

1. In-Hospital admissions for the treatment of a PMB
2. Out-of-Hospital management of a PMB condition

## 1. In-Hospital admissions for the treatment of a PMB

If you are diagnosed with a PMB condition that requires hospitalisation, you have to follow the Medshield hospital authorisation process. All costs for stay and treatment has negotiated rates so it is important for you to use a hospital that is part of the Hospital Network on your chosen benefit option. Specialist services obtained whilst admitted is paid at the Scheme rate. If the Scheme rate does not cover the full amount of the claim, you need to apply to the Scheme and request that the Specialists rate be paid at cost instead of the Scheme rate via [pmbapplications@medshield.co.za](mailto:pmbapplications@medshield.co.za). The Scheme will review the request and might request additional information.

## 2. Out-of-Hospital treatment and management of a PMB

### 26 CDL CONDITIONS

If you have been diagnosed with a condition that forms part of the CDL list:

- Apply to Mediscor to obtain authorisation. Contact details are available on the Scheme website at [www.medshield.co.za](http://www.medshield.co.za).
- If your condition changes or you require additional treatment after the treatment on your Care Plan has been used, you need to complete a PMB Application form together with your treating provider to obtain authorisation and approval. The PMB Application form is available under the member tab of on the Scheme website at [www.medshield.co.za](http://www.medshield.co.za).
- If approved, you will receive a new Care Plan with the additional treatment specified.

### It is important to note that payment for these conditions are benefit option specific:

- **MediBonus, MediPlus Prime and Compact, MediValue Prime and Compact, MediPhila**  
The Day-to-Day limit on your benefit option or plan is an allocation given to members from Risk. Therefore a PMB will pay from your Day-to-Day limit until it is depleted then pay from Risk until the allocated services on your Care Plan has been used. If you require additional services that is not listed on the Care Plan, you together with your treating provider, need to complete a new PMB Application form. (Clinical Protocols apply).
- **PremiumPlus, MediSaver**  
Personal Medical Savings Accounts consist of actual contributions received from members, and therefore the costs of the treatment detailed on the Care Plans are paid directly from Risk (OAL). If a member has paid out of pocket for services that was approved and appear on the Care Plan, then the member can request the Scheme to reprocess those claims. It is important to note that this applies only to the services listed on the approved Care Plan.
- **MediCore, MediCurve and MediSwift**  
The costs of the treatment detailed on the Care Plans are paid directly from Risk (OAL).  
For additional treatment members need to complete a PMB application form.

### 271 DTP CONDITIONS

- Members on all options that has been diagnosed with a DTP condition need to, together with their treating doctor, complete a PMB application form with details of treatment required.
- If you do not complete a PMB Application form the treatment will be paid from your available Day-to-Day or Savings, and if depleted you will be liable for the costs.
- Submit the PMB Application form to [pmbapplications@medshield.co.za](mailto:pmbapplications@medshield.co.za).
- Once clinically reviewed and approved you will receive a Care Plan (treatment plan) which details the approved treatment that are covered for your condition.

## COVID-19 as a PMB

Covid-19 is included under the respiratory DTP PMB conditions. When you suspect that you have COVID-19, you will most likely go to a doctor to be diagnosed and after the consultation may be required to do a COVID-19 PCR or SARS-CoV-2 Antigen test. You will need to be referred by a registered healthcare practitioner (Doctor or Nurse) in order to access this benefit and payment will be accorded as per the Scheme Rules. Please note that your cover includes either a PCR or an Antigen test, but not both in one diagnosis. This is a pathology test and the results will be either positive or negative.

## COVID-19 Access to Care

<p><b>COVID-19 PCR Test OR Antigen Tests (Please refer to the Medshield PMB Guide for more detail)</b></p>	<ul style="list-style-type: none"> <li>1st COVID PCR or Antigen test included in Overall Annual Limit (OAL), whether the result is positive or negative. (Please read below as well)</li> <li>2nd and subsequent <b>negative</b> PCR or Antigen tests are paid from your Savings or Day-to-Day limit. If these are depleted you will be liable to pay out-of-pocket for these tests. Please note for reimbursement you would need to have been referred for testing by a registered healthcare practitioner (Doctor or Nurse) due to having signs and symptoms attributable to a COVID-19 infection. The aforementioned excludes tests for travel purposes.</li> <li>2nd and subsequent <b>positive</b> PCR or Antigen tests are funded from your available Day-to-Day benefit or Savings first, and if depleted from OAL because a positive result is PMB eligible.</li> <li>You should email the positive results to <a href="mailto:member@medshield.co.za">member@medshield.co.za</a> and then the pathology test will retrospective be paid as a PMB from Risk. You need to complete a PMB Application form to apply for related benefits to be paid from Risk (Clinical Protocols apply). Please note for reimbursement you would need to have been referred for testing by a registered healthcare practitioner (Doctor or Nurse) due to having signs and symptoms attributable to COVID-19 infection. The aforementioned excludes tests for travel purposes and non-symptomatic COVID-19 infections.             <ul style="list-style-type: none"> <li><b>The Day-to-Day limit</b> is an allocation to members from Risk. Therefore the COVID-19 treatment as a PMB will pay from your Day-to-Day limit until it is depleted and will then continue to pay from Risk (OAL). You need to complete a PMB Application form to apply for related benefits to be paid from Risk otherwise you might be responsible to settle the costs once your Day-to-Day benefit is depleted (Clinical Protocols apply).</li> <li><b>Personal Medical Savings Accounts</b> consist of actual contributions received from members, and therefore the costs of 2nd, and subsequent, positive tests will be retrospectively reviewed for possible reimbursement to the Savings account. You need to complete a PMB Application form to apply for related benefits to be paid from Risk (Clinical Protocols apply).</li> </ul> </li> </ul>
<p><b>Telephonic and Video Doctor Consultations</b></p>	<ul style="list-style-type: none"> <li>Safe consultation with your Family Practitioner</li> <li>Access to current Doctors via remote consultation (telephonic and video)</li> <li>Pays from available Family Practitioner Consultations and Visits: Out-of-Hospital benefit</li> </ul>
<p><b>Video and Nurse Consultations</b></p> <p><b>SmartCare</b></p>	<ul style="list-style-type: none"> <li>SmartCare covers members for Nurse-led and Videomed doctor consultations</li> <li>Available benefit on all Medshield 2024 benefit options</li> <li>A one-stop healthcare facility that is convenient, quick and efficient</li> <li>The amount of visits and Videomed consultations are dependent on the member's chosen benefit option</li> <li>Available at any SmartCare-enabled clinic or pharmacy in South Africa</li> <li>The list of SmartCare enabled clinics are available on the Medshield website at <a href="http://www.medshield.co.za/medshield-networks/">www.medshield.co.za/medshield-networks/</a></li> </ul>
<p><b>Online assessments and consultations</b></p> <p><b>SmartCare</b></p> <p>WhatsApp Doc</p>	<ul style="list-style-type: none"> <li>Free mobile doctors consultations</li> <li>Assessments for COVID-19</li> <li>Available to all Medshield members</li> <li>WhatsApp 'Hi' to 087 250 0643</li> <li>Monday to Friday 9am – 5pm and Saturday 9am – 1pm</li> <li>Calls charged at local call rates</li> </ul>
<p><b>Easy access to your Chronic Medicine – delivered to your home</b></p>	<ul style="list-style-type: none"> <li>Have Chronic Medicine delivered to your home</li> <li>MediValue Compact; MediPlus Compact; MediCore, MediPhila, MediValue Prime: Obtain medicine from Clicks Retail pharmacy or register with Clicks Direct (Chronic Courier) on 0861 444 405 or Pharmacy Direct (HIV Medicine) on 086 002 7800, to deliver</li> <li>Premium Plus, MediBonus, MediSaver, MediPlus Prime: Obtain your chronic medication from your DSP i.e. Dischem, Clicks Retail pharmacy, or register with Clicks Direct (Chronic Courier) on 0861 444 405 to deliver</li> </ul>
<p><b>Flu Vaccine</b></p>	<ul style="list-style-type: none"> <li>Paid from Wellness Benefit</li> <li>Available to adults older than 18 years</li> <li>Available at Medshield Pharmacy Network providers, Clicks Pharmacies and selected SmartCare Clinics</li> <li>Visit the website at <a href="http://www.medshield.co.za/medshield-networks/">www.medshield.co.za/medshield-networks/</a> for a list of providers</li> </ul>
<p><b>Pneumococcal Vaccine</b></p>	<ul style="list-style-type: none"> <li>High-risk members</li> <li>Seniors over 60 years of age</li> <li>Pre-existing conditions e.g. heart conditions, lung conditions, chronic renal disease, Diabetes and immuno-compromised members</li> <li>Available on Wellness Benefit (excluding MediPhila members)</li> </ul>

## 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
Oestradiol	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:** \*No co-payment applicable In-Hospital for children 8 years and younger. The above is not an exhaustive list.



## Exclusions

### Alternative Healthcare Practitioners

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

### Appliances, External Accessories and Orthotics

Appliances, devices and procedures not scientifically proven or appropriate;  
Back rests and chair seats;  
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);  
Beds, mattresses, pillows and overlays;  
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);  
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories) (unless PMB level of care);  
Electric tooth brushes;  
Humidifiers;  
Ionizers and air purifiers;  
Orthopaedic 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 anemic patients.

### Dentistry

Exclusions as determined by the Scheme's Dental Management Programme:

#### Preventative Care

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/impacted/wisdom teeth;

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, In Vitro Fertilisation (IVF) 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 sun tanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coaltar 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 outpatient 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;

Lucentis, Eylea and Ozurdex for the treatment of Vitreoretinal conditions is not excluded, unless stipulated in Annexure B (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 haemotonic 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 alcohol 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, parenteral and foams.

#### **Mental Health**

Sleep therapy, unless provided for in the relevant benefit option;  
 Psychometric assessments for education and literacy performed on beneficiaries who are 21 years or older.

#### **Non-Surgical Procedures and Tests**

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

#### **Optometry**

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

required by the Scheme in order to validate a claim;  
 Exclusions as per the Schemes' Optical Management Programme.

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

Organs and haemopoietic stem cell (bonemarrow) 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 Scheme's 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-authorized or is not in accordance with the Scheme's policies and protocols.

### **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-authorized (unless PMB level of care, DSP applies);  
 Breast augmentation;  
 Breast reconstruction unless mastectomy following cancer and pre-authorized within Scheme protocols/guidelines (unless PMB level of care, DSP applies);  
 Breast reductions, 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 new born or child under 12 years, subject to Managed Care Protocols;  
 Prophylactic Mastectomy (unless PMB level of care, DSP applies);  
 Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;  
 Balloon sinuplasty.

### **Items not mentioned in Annexure B**

Appointments which a beneficiary fails to keep;  
 Autopsies;  
 Cryo-storage of foetal stemcells and sperm;  
 Holidays for recuperative purposes, 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.

SmartCare Clinics - Private Nurse Practitioner has the following exclusions:

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.  
 Pharmaceutical Electronic Standards Authority  
 Pharmacy Product Management Document listing the PESA Exclusions Categories, refer to MSD-C1-2021-003.





## Directory of Medshield MediSaver 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	<b>Contact number:</b> 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa <b>Facsimile:</b> 0866 151 509 <b>Authorisations:</b> medshieldauths@mediscor.co.za
Dental Authorisations	Denis	<b>Contact number:</b> 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations <b>email:</b> crowns@denis.co.za - Periodontic Applications <b>email:</b> perio@denis.co.za - Orthodontic Applications <b>email:</b> ortho@denis.co.za - Plastic Dentures <b>email:</b> customercare@denis.co.za In-Hospital Dental Authorisations <b>email:</b> hospitalenq@denis.co.za
Diabetes Care Programme	Medshield	<b>Contact number:</b> 086 000 2120 (+27 10 597 4701) for members outside the borders of South Africa <b>Facsimile:</b> +27 10 597 4706 <b>email:</b> Diabetesdiseasemanagement@medshield.co.za
Disease Management Programme	Medscheme	<b>Contact number:</b> 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa <b>email:</b> diseasemanagement@medshield.co.za
Disease Management Care Plans	Mediscor	<b>Contact number:</b> 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa <b>Facsimile:</b> +27 10 597 4706 <b>email:</b> pmbapplications@medshield.co.za
HIV and AIDS Management	HaloCare	<b>Contact number:</b> 086 014 3258 (Mon - Fri: 07h30 to 16h00) <b>Facsimile:</b> +27 086 570 2523 <b>email:</b> medshield@halocare.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	<b>Contact number:</b> 086 002 7800 (Mon to Fri: 07h30 to 17h00) <b>Facsimile:</b> 086 611 4000/1/2/3 <b>email:</b> care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	<b>Contact number:</b> 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa <b>email:</b> preauth@medshield.co.za
Hospital Claims	Medscheme	<b>Contact number:</b> 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa <b>email:</b> hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	<b>Contact number:</b> 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa <b>email:</b> 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: <a href="http://www.cancernet.co.za">www.cancernet.co.za</a> for a list of ICON oncologists
Optical Services	Iso Leso Optics	<b>Contact number:</b> 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa <b>Facsimile:</b> +27 11 782 5601 <b>email:</b> 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](mailto: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

**SMS:** 33490

**email:** [fraud@medshield.co.za](mailto:fraud@medshield.co.za)

**Whistleblower WhatsApp:** 031 308 4664





## Medshield Head Office

5th - 7th Floor, 192 Bram Fischer Drive (Entrance on Sneddon Street), Ferndale, Randburg, 2196  
email: [member@medshield.co.za](mailto: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](mailto:medshield.bloem@medshield.co.za)

### Durban

Unit 4A, 95 Umhlanga Rocks Drive, Durban North  
email: [medshield.durban@medshield.co.za](mailto:medshield.durban@medshield.co.za)

### Cape Town

Podium Level, Block A, The Boulevard,  
Searle Street, Woodstock  
email: [medshield.ct@medshield.co.za](mailto: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](mailto:member@medshield.co.za)

### East London

Unit 3, 8 Princes Road, Vincent  
email: [medshield.el@medshield.co.za](mailto:medshield.el@medshield.co.za)

### Gqeberha

Unit 3 (b), The Acres Retail Centre,  
20 Nile Road, Perridgevale  
email: [medshield.pe@medshield.co.za](mailto: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. October 2023.  
An Authorised Financial Services Provider (FSP 51381)



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