MEDSHIELD
medical scheme

MediPlus
2021 Benefit Guide

Live Assured.

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

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

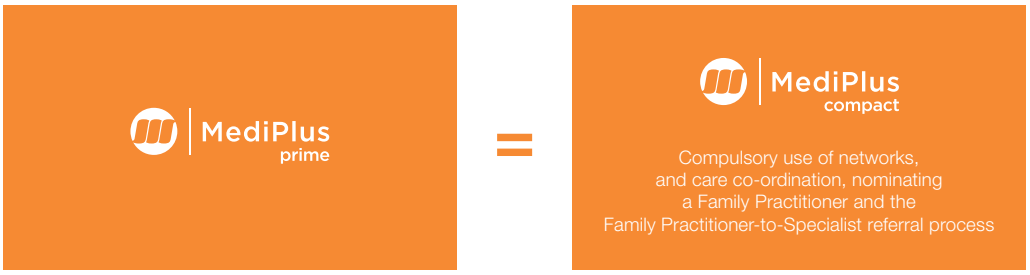
MediPlus

Contents

MediPlus Benefit Option

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

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



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

Major Medical Benefits (In-Hospital)

Ambulance Services

Oncology Benefits

Chronic Medicine Benefits

Maternity Benefits

Wellness Benefits

Information members should take note of:

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

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

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

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

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

DAY-TO-DAY BENEFITS
Are allocated according to your family size and includes specific sub-limits.

DESIGNATED SERVICE PROVIDERS (DSPs)
The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.

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

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

Your claims will be covered as follows:

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

TREATMENT AND CONSULTATIONS WILL BE PAID AT 100% of the negotiated fee, or in the absence of such fee, 100% of the lower of the cost or Scheme Tariff.

MEDSHIELD PRIVATE TARIFF (UP TO 200%) will apply to the following services:

- Confinement by a registered Midwife

ONLINE SERVICES

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

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

Use these channels to view:

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

The application of co–payments

The following services will attract upfront co-payments:

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

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

GAP Cover

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

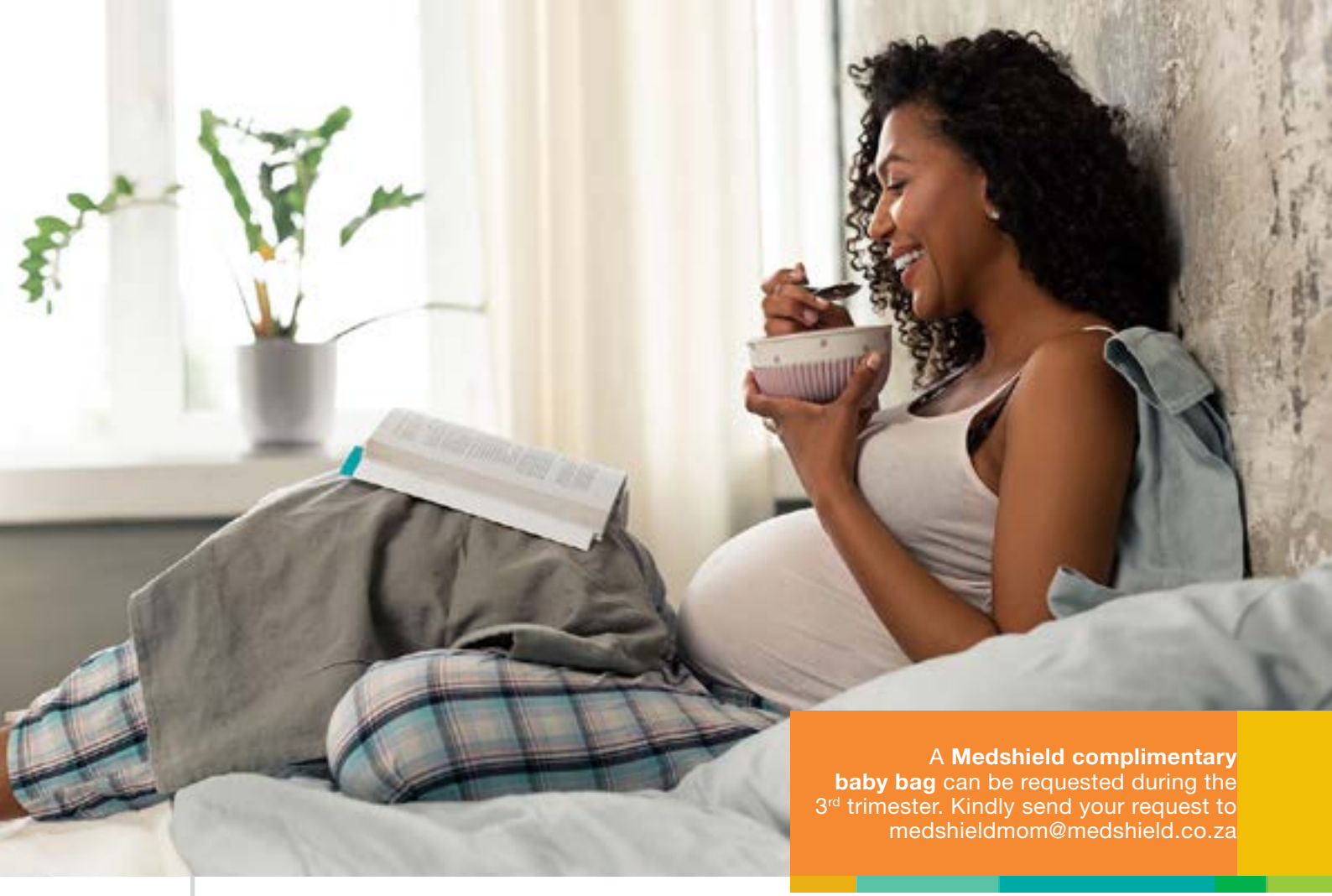
MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.** The use of the Prime Hospital Network applies.	**Unlimited.** The use of the Compact Hospital Network applies.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. **Clinical Protocols apply.**	**Unlimited.** Specialist services from treating/ attending specialists are subject to pre-authorisation. The use of the Prime Hospital Network applies.	**Unlimited.** Specialist services from treating/ attending specialists are subject to pre-authorisation. The use of the Compact Hospital Network applies.
SURGICAL PROCEDURES As part of an authorised event.	**Unlimited.**	**Unlimited.**
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to **R550** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.	Limited to **R550** per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network.	**R63 450** per family per annum.	**R63 450** per family per annum.
Includes the following: • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R37 100** per family per annum. Subject to the Alternatives to Hospitalisation Limit.	**R37 100** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	**R9 300** per family per annum.	**R9 300** per family per annum.
Hiring or buying of Appliances, External Accessories and Orthotics:		
• **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required)	**R800** per beneficiary per annum. Subject to Appliance Limit.	**R800** per beneficiary per annum. Subject to Appliance Limit.
• **Hearing Aids** (including repairs)	Subject to Appliance Limit.	Subject to Appliance Limit.
• **Wheelchairs** (including repairs)	Subject to Appliance Limit.	Subject to Appliance Limit.
• **Stoma Products and Incontinence Sheets related to Stoma Therapy**	Unlimited if pre-authourised.	Unlimited if pre-authourised.
• **CPAP Apparatus for Sleep Apnoea** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	Subject to Appliance Limit.	Subject to Appliance Limit.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	**Unlimited.**	**Unlimited.**
REFRACTIVE SURGERY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply. **Includes the following:** • **Lasik** • **Radial Keratotomy** • **Phakic Lens Insertion** **Clinical Protocols apply.**	**R9 400** per family per annum. Including hospitalisation, if not authorised, payable from Day-to-Day Limits.	**R9 400** per family per annum. Including hospitalisation, if not authorised, payable from Day-to-Day Limits.
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. **Includes the following:** • **Diagnostic Polysomnograms** • **CPAP Titration** **Clinical Protocols apply.**	**Unlimited.** **Unlimited.**	**Unlimited.** **Unlimited.**
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	**R148 400** per family per annum. **25% upfront** co-payment for the use of a non-Prime Network Hospital. Organ harvesting is limited to the Republic of South Africa. 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.	**R148 400** per family per annum. **25% upfront** co-payment for the use of a non-Compact Network Hospital. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
PHYSIOTHERAPY In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this benefit guide.	**R2 650** per beneficiary per annum. Thereafter subject to Day-to-Day Limits.	**R2 650** per beneficiary per annum. Thereafter subject to Day-to-Day Limits.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	**R36 600** per family per annum. **20% upfront co-payment** for non-PMB. **Sub-limit** for hips and knees: **R32 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.	**R36 600** per family per annum. **20% upfront co-payment** for non-PMB. **Sub-limit** for hips and knees: **R32 000** per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. **Including Ocular Prosthesis.** **Clinical Protocols apply.**	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	**Unlimited.**	**Unlimited.**
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Includes the following:** • **CT scans, MUGA scans, MRI scans, Radio Isotope studies** • **CT Colonography (Virtual colonoscopy)** • **Interventional Radiology replacing Surgical Procedures** **Clinical Protocols apply.**	**R12 750** per family per annum. **10% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. **Unlimited.**	**R12 750** per family per annum. **10% upfront co-payment** for non-PMB. Subject to Specialised Radiology Limit. **Unlimited.**
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. **Haemodialysis and Peritoneal Dialysis includes the following:** **Material, Medication, related Radiology and Pathology** **Clinical Protocols apply.**	**R185 500** per family per annum. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.	**R185 500** per family per annum. **40% upfront co-payment** for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	**Unlimited.**	**Unlimited.**
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply. Up to a maximum of **3 days** if patient is admitted by a Family Practitioner. • **Rehabilitation for Substance Abuse** **1 rehabilitation programme per beneficiary per annum** • **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	**R31 200** per family per annum. **25% upfront co-payment** for the use of a non-Prime Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions. Subject to Mental Health Limit. Subject to Mental Health Limit.	**R31 200** per family per annum. **25% upfront co-payment** for the use of a non-Compact Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions. Subject to Mental Health Limit. Subject to Mental Health Limit.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **Anti-retroviral and related medicines** • **HIV/AIDS related Pathology and Consultations** • **National HIV Counselling and Testing (HCT)**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a **40% upfront co-payment.**
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. **Clinical Protocols apply.**	Limited to interventions and investigations only. **Refer to Addendum A** for the list of procedures and blood tests.	Limited to interventions and investigations only. **Refer to Addendum A** for the list of procedures and blood tests.



A **Medshield complimentary baby bag** can be requested during the 3rd trimester. Kindly send your request to medshieldmom@medshield.co.za

MATERNITY Benefits

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

MediPlus Prime and MediPlus Compact Benefits:

12 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

R500 per family

For **Antenatal Classes**

Two 2D Scans per pregnancy.

One Amniocentesis test per pregnancy.

CONFINEMENT AND POSTNATAL CONSULTATIONS

Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).
The use of the Medshield Specialist Network may apply.

	Prime Benefit Limit/Comments	Compact Benefit Limit/Comments
• **Confinement in hospital**	**Unlimited.**	**Unlimited.**
• **Delivery by a Family Practitioner or Medical Specialist**	**Unlimited.**	**Unlimited.**
• **Confinement in a registered birthing unit or Out-of-Hospital**	**Unlimited.**	**Unlimited.**
	Use of Prime Network Applies	**Use of Compact Network Applies**
– Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.	**4 Postnatal** consultations per pregnancy.
– Delivery by a registered Midwife or a Practitioner	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.	**Medshield Private Rates (up to 200%)** applies to a registered Midwife only.
– Hire of water bath and oxygen cylinder	**Unlimited.**	**Unlimited.**
Clinical Protocols apply.		

ONCOLOGY Benefits

This benefit is subject to the submission of a treatment plan and registration on the Oncology Management Programme (ICON).

You will have access to post active treatment for 36 months.

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
ONCOLOGY LIMIT (**40% upfront co-payment** for the use of a non-DSP)	**R254 400** per family per annum.	**R254 400** per family per annum.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Standard** Protocols apply.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Oncology Medicine**	Subject to Oncology Limit. **ICON Standard** Protocols apply.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.	Subject to Oncology Limit.
• **PET and PET-CT** Limited to **1 Scan** per family per annum.	Subject to Oncology Limit. **10% upfront co-payment** for non-PMB.	Subject to Oncology Limit. **10% upfront co-payment** for non-PMB.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**6 visits** per family per annum. Subject to Oncology Limit.	**6 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation on 086 000 2121 or (+27 11 671 2011)	**R117 700** per family per annum. Subject to Oncology Medicine Limit. **15% upfront co-payment** for non-PMB.	**R117 700** per family per annum. Subject to Oncology Medicine Limit. **15% upfront co-payment** for non-PMB.
• **Macular Degeneration** **Clinical Protocols apply.**	**R40 000** per family per annum. Subject to Oncology Medicine Limit.	**R40 000** per family per annum. Subject to Oncology Medicine Limit.
BREAST RECONSTRUCTION (following an Oncology event only) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. **Post Mastectomy** (including all stages) **Clinical Protocols apply.**	**R84 800** per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.	**R84 800** per family per annum. Co-payments and Prosthesis limit as stated under Prosthesis is not applicable for Breast Reconstruction.

CHRONIC MEDICINE Benefits

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

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**. If the Chronic Medicine requirements are not registered and approved, it will pay from the Acute Medicine benefit.

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

40% Upfront co-payment

will apply in the following instances:

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

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

Re-imbursement at Maximum Generic Price

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

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
• The Compact category is subject to the use of the Designated Courier Service Provider (DSP). • Supply of medication is limited to **one month** in advance.	**R6 725** per beneficiary per annum limited to **R13 450** per family per annum. Medicines will be approved in line with the Medshield **Formulary** and is applicable from Rand one The use of a Medshield Pharmacy Network applies from Rand one.	**R6 725** per beneficiary per annum limited to **R13 450** per family per annum. Medicines will be approved in line with the Medshield **Formulary** and is applicable from Rand one. The use of a Compact Pharmacy Network applies from Rand one.

DENTISTRY Benefits

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

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
BASIC DENTISTRY • **In-Hospital** (only for beneficiaries under the age of 6 years old) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. MediPlus Prime members must obtain the services from the Medshield Hospital Network and MediPlus Compact members from the Compact Hospital Network.	**Unlimited.**	**Unlimited.**
• **Out-of-Hospital** According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Plastic Dentures subject to pre-authorisation. Failure to obtain an authorisation prior to treatment, will result in a **20% penalty**.	**Unlimited.**	**Unlimited.**
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a **20% penalty**. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	**R12 500** per family per annum.	**R12 500** per family per annum.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth - Services must be obtained from the Medshield Hospital Network, or Compact Hospital Network where relevant. Apicectomy only covered in the Practitioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **R3 500 upfront** co-payment applies if prodecure is done In-Hospital. No co-payment applies if procedure is done in Practitioners' rooms.	Subject to the Specialised Dentistry Limit. **R3 500 upfront** co-payment applies if prodecure is done In-Hospital. No co-payment applies if procedure is done in Practitioners' rooms.
• **Dental Implants** Includes all services related to Implants. Subject to pre-authorisation.	Subject to the Specialised Dentistry Limit.	Subject to the Specialised Dentistry Limit.
• **Orthodontic Treatment** Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.	Subject to the Specialised Dentistry Limit.
• **Crowns, Bridges, Inlays, Mounted Study Models, Partial Chrome Cobalt Frame Dentures and Periodontics** Consultations, Visits and Treatment for all such dentistry including the Technicians' Fees. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit.	Subject to the Specialised Dentistry Limit.
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the Medshield Hospital Network or Compact Hospital Network where relevant. The use of the Medshield Specialist Network may apply.	**R16 100** per family per annum.	**R16 100** per family per annum.

OUT-OF-HOSPITAL Benefits

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

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

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

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

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 our members the convenience of easy access to care.

DAY-TO-DAY Benefits

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

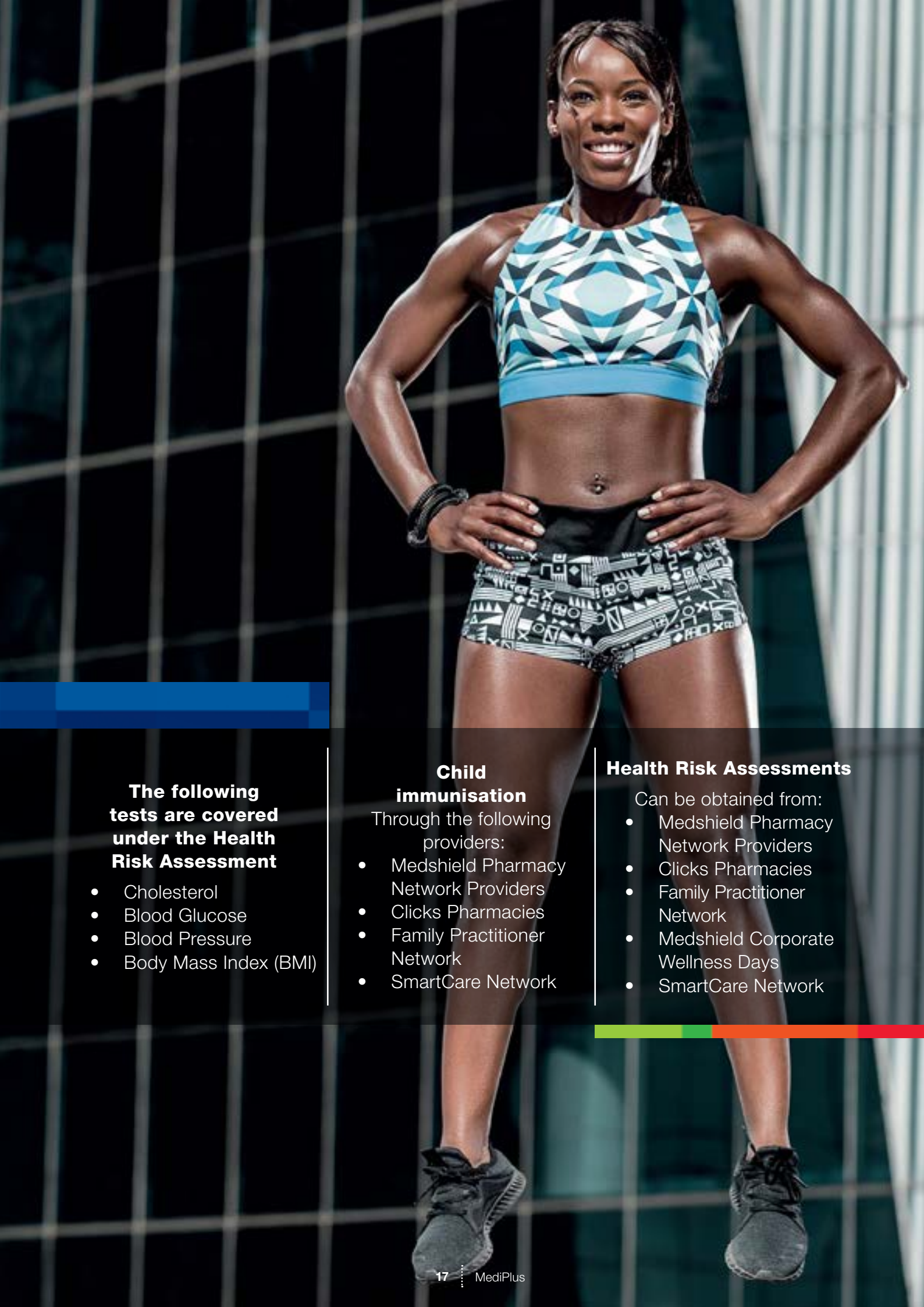
BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
DAY-TO-DAY LIMIT	**Limited to the following:** **M = R8 450** **M+1 = R11 800** **M+2 = R13 200** **M+3 = R14 850** **M4+ = R16 300**	**Limited to the following:** **M = R8 450** **M+1 = R11 800** **M+2 = R13 200** **M+3 = R14 850** **M4+ = 16 300**
FAMILY PRACTITIONER CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL Each beneficiary must nominate a Family Practitioner (FP).	Each beneficiary can nominate a Family Practitioner (FP) from the Medshield FP Network to a maximum of two Family Practitioners per beneficiary. Subject to Day-to-Day Limit for your nominated Family Practitioner.	Each beneficiary must nominate a Family Practitioner (FP) from the Compact FP Network to a maximum of one Family Practitioner per beneficiary. The Compact Network is applicable from Rand one. Subject to Day-to-Day Limit.
NON-NOMINATED FAMILY PRACTITIONER/EMERGENCY (When you have not consulted your nominated FP)	**2 visits** per family, limited to and included in the Day-to-Day Limit.	**2 visits** per family limited to and included in the Day-to-Day Limit. Once limit is depleted a **40% co-payment** will apply.
ADDITIONAL FAMILY PRACTITIONER CONSULTATIONS AND VISITS TO YOUR NOMINATED PROVIDER (only when your Day-to-Day Limit has been exhausted).	**2 visits** per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted. Subject to the Medshield FP Network.	**2 visits** per beneficiary from the Overall Annual Limit once the Day-to-Day Limit has been depleted. Subject to the Compact FP Network and visit must be to the nominated Family Practitioner.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Medshield Specialist Network may apply.	**2 visits** per family limited to and included in the Overall Annual Limit. Thereafter limited to the Day-to-Day Limit.	**2 visits** per family subject to the referral authorisation by the nominated Network FP. Limited to and included in the Overall Annual Limit. Thereafter limited to the Day-to-Day Limit. No referral will result in a **40% co-payment**.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL		
• **Acute medicine** Medshield medicine pricing and formularies apply.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
• **Pharmacy Advised Therapy (PAT)**	Subject to Day-to-Day Limit. Limited to **R240** per script.	Subject to Day-to-Day Limit. Limited to **R240** per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols.	**1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by an Optical Service Date Cycle. Subject to Overall Annual Limit.	Subject to the use of the Compact Optical Network. **1 pair** of Optical Lenses and a frame, or Contact Lenses per beneficiary every 24 months. Determined by an Optical Service Date Cycle. Subject to Overall Annual Limit.
• **Optometric Refraction** (eye test)	**1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit.	**1 test** per beneficiary per 24 month optical cycle. Subject to Overall Annual Limit.
• **Spectacles OR Contact Lenses:** Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses • **Frames and/or Lens Enhancements:**	Subject to Optical Limit. **R580 per beneficiary** limited to and included in the Optical Limit.	Subject to Optical Limit. **R580 per beneficiary** limited to and included in the Optical Limit.
• **Readers:** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a Registered Pharmacy	**R170** per beneficiary per annum. Subject to Overall Annual Limit.	**R170** per beneficiary per annum. Subject to Overall Annual Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
GENERAL RADIOLOGY Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.	Subject to Day-to-Day Limit. **1 Bone Densitometry scan** per beneficiary per annum in or out of hospital.

DAY-TO-DAY Benefits

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)	Limited to and included in the Specialised Radiology limit of **R12 750** per family per annum. **10% upfront co-payment** for non-PMB.	Limited to and included in the Specialised Radiology limit of **R12 750** per family per annum. **10% upfront co-payment** for non-PMB.
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
Non-Surgical Procedures	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
• **Procedures and Tests in Practitioners' rooms**	**Unlimited.** **Refer to Addendum B** for the list of services.	**Unlimited.** **Refer to Addendum B** for the list of services.
• **Routine diagnostic Endoscopic Procedures in Practitioners' rooms**	**Unlimited.** **Refer to the Addendum B** for the list of services.	**Unlimited.** **Refer to the Addendum B** for the list of services.
MENTAL HEALTH Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	Limted to and included in the Mental Health Limit of **R31 200** per family per annum.	Limted to and included in the Mental Health Limit of **R31 200** per family per annum.
MIRENA DEVICE Includes consultation, pelvic ultra sound, sterile tray, device and insertion thereof, if done on the same day. Subject to the **4 year** clinical protocols. The use of the Medshield Specialist Network may apply. Procedure to be performed in Practitioners' rooms. **On application only.**	**1 per female** beneficiary. Subject to the Overall Annual Limit.	**1 per female** beneficiary. Subject to the Overall Annual Limit.
ADDITIONAL MEDICAL SERVICES Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy, and Private Nurse Practitioners.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.
ALTERNATIVE HEALTHCARE SERVICES Only for registered: Acupuncturist, Homeopaths, Naturopaths, Osteopaths, and Phytotherapists.	Subject to Day-to-Day Limit.	Subject to Day-to-Day Limit.

SMARTCARE Benefits

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



The following tests are covered under the Health Risk Assessment

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

Child immunisation

Through the following providers:

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

Health Risk Assessments

Can be obtained from:

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

WELLNESS Benefits

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

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

BENEFIT CATEGORY	PRIME BENEFIT LIMIT/COMMENTS	COMPACT BENEFIT LIMIT/COMMENTS
Adult Vaccination	**R400** per family per annum.	**R400** per family per annum.
Birth Control (Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years** old, with a script limit of **R180**. Limited to the Scheme's Contraceptive formularies and protocols.	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary between the ages of **14 - 55 years** old, with a script limit of **R180**. Limited to the Scheme's Contraceptive formularies and protocols.
Bone Density (for Osteoporosis and bone fragmentation)	**1 per beneficiary 50+ years** old **every 3 years**.	**1 per beneficiary 50+ years** old **every 3 years**.
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R100.**	**1 per beneficiary 18+ years** old to a maximum of **R100.**
Health Risk Assessment (Pharmacy or Family Practitioner)	**1 per beneficiary 18+ years** old per annum.	**1 per beneficiary 18+ years** old per annum.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary, **9 - 13 years** old. Subject to qualifying criteria.	**1 course of 2 injections per female** beneficiary, **9 - 13 years** old. Subject to qualifying criteria.
Mammogram (Breast Screening)	**1 per female** beneficiary **40+ years** old **every 2 years**.	**1 per female** beneficiary **40+ years** old **every 2 years**.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary per annum.	**1 test** per beneficiary per annum.
Pap Smear	**1 test** per female beneficiary per annum.	**1 test** per female beneficiary per annum.
Pneumococcal Vaccination	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.	**1 per annum** for high risk individuals and for beneficiaries **60+ years** old.
PSA Screening (Prostate specific antigen)	Subject to the Day-to-Day Limit.	Subject to the Day-to-Day Limit.
TB Test	**1 test** per beneficiary.	**1 test** per beneficiary.
Child Immunisations: Immunisation programme as per the Department of Health Protocol and specific age groups:		
At Birth: Tuberculosis (BCG) and Polio OPV(0).		
At 6 Weeks: Rotavirus RV(1), Polio OPV(1), Pneumococcal PVC (1), DTaP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-HBV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 6 Months: Measles MV(1).		
At 9 Months: Pneumococcal PVC (3), Chickenpox CP, Measles.		
At 12 Months: Measles MV(2).		
At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HBV (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.		
At 6 Years: Tetanus and Diphtheria (Td), Polio.		
At 12 Years: Tetanus and Diphtheria (Td).		

AMBULANCE Services

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

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

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

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

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

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

MONTHLY Contributions

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

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

MEDSHIELD
medical scheme

SmartCare

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

SMARTCARE SERVICES:

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

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

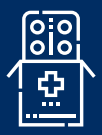
2.
Nurse confirms Medshield benefits.

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

4.
Recommends Over-the-Counter medicine.

or

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



5.
Member collects Over-the-Counter medication.

5.
Member collects medication from dispensary.

Terms & Conditions

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

healthforce

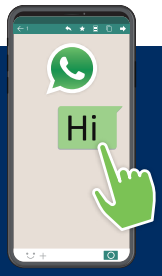
SmartCare WhatsApp Doc

Medshield SmartCare
COVID-19 WhatsApp Advice Line

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

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

WhatsApp Advice Line for peace of mind!



Say '**Hi**' to
087 250 0643
Service available on Mon – Fri: 09h00 to 17h00 and Sat: 09h00 to 13h00 T's & C's Apply.

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

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

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

Doctor **reviews the initial questions** and discusses with patient.

Doctor **assesses all information**.

If you are:

Suspected COVID-19 case:
Doctor assesses patient risk and ask for more information.

Not a suspected COVID-19 case:
Doctor provides relevant treatment or referral.

Doctor **refers patient** for testing.

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

healthforce | MEDSHIELD

PRESCRIBED Minimum Benefits (PMB)

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

What are PMBs?

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

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

CLUSTER 1

Emergency medical condition

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

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

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

CLUSTER 3

26 Chronic Conditions

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

WHY PMBs?

PMBs were created to:

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

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

WHY Designated Service Providers are important?

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

QUALIFYING to enable your claims to be paid

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

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

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

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

RESEARCH your condition

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

DON'T bypass the system

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

TALK to us!

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

CHECK that your account was paid

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

IMPORTANT to note

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

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

HEALTHCARE PROVIDERS' responsibilities

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

How to avoid rejected PMB claims?

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

PMB CARE templates

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

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

TREATMENT Plans

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

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

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

The treatment protocol for each condition may include the following:

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

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

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

DIRECTORY of Medshield MediPlus Partners

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

COMPLAINTS Escalation Process

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

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

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

MEDSHIELD Banking Details

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

FRAUD

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

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

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS	
Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Addendum A paragraph 9, code 902M. This benefit will include the following procedures and interventions:	
Hysterosalpinogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesteron
Semen analysis (volume, count, mobility, morphology, MAR-test)	Basic counselling and advice on sexual behaviour
Day 3 FSH/LH	Temperature charts
Oestradoil	Treatment of local infections
Thyroid function (TSH)	Prolactin

Addendum **B**

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

ROUTINE DIAGNOSTIC ENDOSCOPIC PROCEDURES (CO-PAYMENTS WILL APPLY IN-HOSPITAL)	
Hysteroscopy	Oesophageal motility studies
Upper and lower gastro-intestinal fibre-optic endoscopy	Fibre optic Colonoscopy
24 hour oesophageal PH studies	Sigmoidoscopy
Cystoscopy	Urethroscopy
Colposcopy (excluding after-care)	Oesophageal Fluoroscopy

Note: The above is not an exhaustive list.

EXCLUSIONS

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

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

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

Dentistry
Exclusions as determined by the Schemes Dental Management Programme:

Oral Hygiene/Prevention
Oral hygiene instruction;
Oral hygiene evaluation;
Professionally applied fluoride is limited to beneficiaries from age 5 and younger than 13 years of age;
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 third molars;
Crown and bridge procedures for cosmetic reasons and the associated laboratory costs;
Crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
Occlusal rehabilitations and the associated laboratory costs;
Provisional crowns and the associated laboratory costs;
Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
Cost of gold, precious metal, semi-precious metal and platinum foil;
Laboratory delivery fees;
Laboratory fabricated temporary crowns.

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

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

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

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

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

- Apicectomies;
- Dentectomies;
- Frenectomies;

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

Additional Scheme Exclusions
Special reports;
Dental testimony, including dentolegal fees;
Behaviour management;
Intramuscular and subcutaneous injections;
Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
Appointments not kept;
Treatment plan completed (code 8120);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
General anaesthetics, moderate/deep sedation and hospitalisation for dental work, except in the case of patients under the age of 6 years or with bony impaction of the third molars;
All general anaesthetics and moderate/deep sedation in the practitioner's rooms, unless pre-authorised.

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

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

Maternity
3D and 4D scans (unless PMB level of care, then DSP applies);
Caesarean Section unless clinically appropriate.

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

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

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

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

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

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

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

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow) Transplantation and Immunosuppressive Medication
Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;
International donor search costs for transplants.

Additional Medical Services
Art therapy.

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

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)
X-rays performed by Chiropractors;
Biokinetics and Chiropractics in hospital.

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

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

Radiology and Radiography

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

SmartCare Clinics - Private Nurse Practitioner

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

Surgical Procedures

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

Items not mentioned in Annexure B

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

NOTES

MEDSHIELD
medical scheme

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This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.
All benefits in accordance with the Registered Rules of the Scheme.
Terms and conditions of membership apply as per Scheme Rules.
Pending CMS Approval.
September 2020.

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