

MediCore

Benefit Guide



2022





We all want to live life with confidence in our health cover. 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, and be confident that Medshield puts their well-being first.

Medshield members Live Assured because they trust the promise Medshield has made and will uphold - to provide high level of care, attention and medical treatment whenever they need it.

Be Confidently Covered so you can Live Assured with Medshield.

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MediCore Benefit Option

At the very least, everyone should have unlimited In-Hospital cover in case of major medical emergencies.

MediCore offers unlimited In-Hospital cover through the Medshield Hospital Network, with certain In-Hospital procedures paid at a higher rate (Medshield Private Tariff 200%) than the Medshield Tariff (100%). This plan has no Day-to-Day benefits and is ideal for healthy individuals that can manage their own daily healthcare expenses.

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



Major Medical Benefits.



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 **MediCore** option, the benefit limits, and the rate at which the services will be covered:

Hospital Pre-Authorisation

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



Hospitalisation Cover

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



Chronic Medicine Benefits

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



Scheme Rules/Protocols

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

Pre-registration

Access to certain benefits requires pre-registration.



Designated Service Providers (DSPs)

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

Co-payments

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



Networks

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

Your claims will be covered as follows:

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

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

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

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

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

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



Online Services

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

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

Use these channels to view:

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



The application of co-payments

The following services will attract upfront co-payments:

- Non-PMB Specialised Radiology
- Non-PMB Internal Prosthesis and Devices
- Voluntary use of a non-Medshield Network Hospital
- Voluntary use of a non-Medshield Network Hospital - Mental Health
- Voluntary use of a non-Medshield Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant
- Voluntary use of a non-DSP for HIV & AIDS related medication
- Voluntary use of a non-DSP or a non-Medshield Pharmacy Network
- Voluntarily obtained out of formulary medication
- Voluntary use of a non-ICON provider - Oncology
- Voluntary use of a non-DSP provider - Chronic Renal Dialysis

- 10% upfront** co-payment
- 25% upfront** co-payment
- 25% upfront** co-payment
- 25% upfront** co-payment

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

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

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

- R2 000 upfront** co-payment
- R3 000 upfront** co-payment
- R4 000 upfront** co-payment
- R4 000 upfront** co-payment
- R5 000 upfront** co-payment
- R5 000 upfront** co-payment
- R5 000 upfront** co-payment
- R8 000 upfront** co-payment

Please note:

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

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

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.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<p>SLEEP STUDIES</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 Medshield Hospital Network.</p> <p>Includes the following:</p> <ul style="list-style-type: none"> • Diagnostic Polysomnograms <p>Clinical Protocols apply.</p>	<p>Unlimited.</p>
<p>ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION</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 Medshield Hospital Network.</p> <p>Includes the following:</p> <ul style="list-style-type: none"> • Immuno-Suppressive Medication • Post Transplantation Biopsies and Scans • Related Radiology and Pathology • Corneal Grafts and Transplant (International) • Corneal Grafts and Transplant (Local) <p>Clinical Protocols apply.</p>	<p>Unlimited subject to PMB and PMB level of care. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included.</p> <p>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.</p> <p>25% upfront co-payment for the use of a non-Medshield Network Hospital.</p> <p>R44 185 per beneficiary for internationally sourced cornea. Subject to the Overall Annual Limit.</p> <p>R18 940 per beneficiary for locally sourced cornea. Subject to the Overall Annual Limit.</p>
<p>PATHOLOGY AND MEDICAL TECHNOLOGY</p> <p>As part of an authorised event, and excludes allergy and vitamin D testing.</p> <ul style="list-style-type: none"> • COVID-19 PCR Test <p>Clinical Protocols apply.</p>	<p>Unlimited.</p> <p>1st test included in Overall Annual Limit, thereafter no benefit unless positive PCR result which is then subject to PMB.</p>
<p>PHYSIOTHERAPY</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 benefit guide.</p>	<p>R2 800 per beneficiary per annum, thereafter no benefit unless specifically pre-authorised.</p>
<p>PROSTHESIS AND DEVICES INTERNAL</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 Medshield Hospital Network. Preferred Provider Network will apply.</p> <p>Surgically Implanted Devices.</p> <p>Clinical Protocols apply.</p>	<p>R35 770 per family per annum, subject to PMB.</p> <p>Sub-limits for hips and knees:</p> <p>R33 660 per beneficiary, subject to PMB and PMB level of care.</p>
<p>PROSTHESIS EXTERNAL</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. Including Ocular Prosthesis</p> <p>Clinical Protocols apply.</p>	<p>Subject to Prosthesis and Devices Internal Limit.</p> <p>No co-payment applies to External Prosthesis.</p>
<p>LONG LEG CALLIPERS</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>	<p>Subject to Prosthesis and Devices Internal Limit.</p> <p>No co-payment applies to External Prosthesis.</p>
<p>GENERAL RADIOLOGY</p> <p>As part of an authorised event.</p> <p>Clinical Protocols apply.</p>	<p>Unlimited.</p> <p>1 Bone Densitometry scan per beneficiary per annum.</p>
<p>SPECIALISED RADIOLOGY</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 DSP or Network Provider.</p> <p>Includes the following:</p> <ul style="list-style-type: none"> • CT scans, MUGA scans, MRI scans, Radio Isotope studies • CT Colonography (Virtual colonoscopy) • Interventional Radiology replacing Surgical Procedures <p>Clinical Protocols apply.</p>	<p>R10 050 per family limited to and included in the Overall Annual Limit.</p> <p>10% upfront co-payment for non-PMB.</p> <p>Subject to Specialised Radiology Limit.</p> <p>No co-payment applies to CT Colonography.</p> <p>Unlimited.</p>



Major Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<p>CHRONIC RENAL DIALYSIS</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 DSP or Network Provider.</p> <p>Haemodialysis and Peritoneal Dialysis includes the following:</p> <p>Material, Medication, related Radiology and Pathology Clinical Protocols apply.</p>	<p>Unlimited subject to PMB and PMB level of care.</p> <p>40% upfront co-payment for the use of a non-DSP.</p> <p>Use of a DSP applicable from Rand one for PMB and non-PMB.</p>
<p>NON-SURGICAL PROCEDURES AND TESTS</p> <p>As part of an authorised event. The use of the Medshield Specialist Network may apply.</p>	<p>Unlimited.</p> <p>Extended Benefit Cover (up to 200%)</p>
<p>NON-SURGICAL PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS</p> <p>The use of the Medshield Specialist Network may apply.</p> <ul style="list-style-type: none"> • Procedures and Tests in Practitioners' rooms • Routine diagnostic Endoscopic Procedures in Practitioners' rooms 	<p>Unlimited.</p> <p>Medshield Private Rates (up to 200%) apply if procedure is performed in Practitioners' rooms.</p> <p>Refer to Addendum B for a list of services.</p> <p>No benefits Out-of-Hospital.</p> <p>Unlimited.</p> <p>Medshield Private Rates (up to 200%) apply if procedure is performed in Practitioners' rooms. No co-payment applicable In-Hospital for children 8 years and younger.</p> <p>Refer to Addendum B for a list of services.</p>
<p>MENTAL HEALTH</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 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.</p> <ul style="list-style-type: none"> • Rehabilitation for Substance Abuse 1 rehabilitation programme per beneficiary per annum • Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling In-Hospital • Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling Out-of-Hospital 	<p>R37 240 per family per annum.</p> <p>25% upfront co-payment for the use of a non-Medshield Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions.</p> <p>Subject to PMB and PMB level of care.</p> <p>Subject to Mental Health Limit.</p> <p>Subject to PMB only.</p>
<p>HIV & AIDS</p> <p>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.</p> <p>Includes the following:</p> <ul style="list-style-type: none"> • Anti-retroviral and related medicines • HIV/AIDS related Pathology and Consultations • National HIV Counselling and Testing (HCT) 	<p>As per Managed Healthcare Protocols.</p> <p>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.</p>
<p>INFERTILITY INTERVENTIONS AND INVESTIGATIONS</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 DSP. The use of the Medshield Specialist Network may apply.</p> <p>Clinical Protocols apply.</p>	<p>Limited to interventions and investigations only.</p> <p>Refer to Addendum A for the list of procedures and blood tests.</p>



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
<p>ONCOLOGY LIMIT (40% upfront co-payment for the use of a non-DSP)</p> <ul style="list-style-type: none"> • Active Treatment Including Stoma Therapy, Incontinence Therapy and Brachytherapy. • Oncology Medicine • Radiology and Pathology Only Oncology related Radiology and Pathology as part of an authorised event. • PET and PET-CT <p>INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.</p>	<p>Unlimited subject to PMB and PMB level of care.</p> <p>Subject to Oncology Limit. ICON Standard Protocols apply.</p> <p>Subject to Oncology Limit. ICON Standard Protocols apply.</p> <p>Subject to Oncology Limit.</p> <p>Subject to Oncology Limit.</p> <p>6 visits per family per annum. Subject to Oncology Limit.</p>
<p>SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation from the Oncology Managed Healthcare provider.</p> <ul style="list-style-type: none"> • Vitreoretinal Benefit Vitreous and Retinal disorders. Subject to pre-authorisation. <p>Clinical Protocols apply.</p>	<p>Subject to PMB only.</p> <p>Subject to the Specialised Drugs Limit.</p>
<p>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.</p>	<p>R89 200 per family per annum. Extended Benefit Cover (up to 200%) Co-payments and prosthesis limit as stated under Prosthesis is not applicable to Breast Reconstruction.</p>



Chronic Medicine Benefits

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

<p>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.</p> <p>Contact the Managed Healthcare Provider on 086 000 2120 (+27 10 597 4701). Medication needs to be obtained from a Medshield Pharmacy Network Provider.</p>	<p>40% Upfront co-payment will apply in the following instances:</p> <ul style="list-style-type: none"> • Out-of-formulary medication voluntarily obtained. • Medication voluntarily obtained from a non-Medshield Pharmacy Network Provider.
<p>This option covers medicine for all 26 PMB CDL's and an additional condition.</p>	<p>Re-imbursment at Maximum Generic Price or Medicine Price List and Medicine Formularies. Levies and co-payments to apply where relevant.</p>

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

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/. 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



MEDICORE 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>BASIC DENTISTRY</p> <ul style="list-style-type: none"> In-Hospital (only for beneficiaries under the age of 6 years old for extensive Basic Dentistry). Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a 20% penalty. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the Medshield Hospital Network. 	<p>Unlimited.</p>
<p>MAXILLO-FACIAL AND ORAL SURGERY</p> <p>All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).</p> <p>Non-elective surgery only.</p> <p>According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the Medshield Hospital Network. The use of the Medshield Specialist Network may apply.</p>	<p>R12 900 per family per annum. Extended Benefit Cover (up to 200%) only applicable to Maxillo-facial Surgery.</p>



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.

6 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

Two 2D Scans per pregnancy.

CONFINEMENT AND POSTNATAL CONSULTATIONS

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

- **Confinement In-Hospital** **Unlimited.**
 - **Delivery by a Family Practitioner or Medical Specialist** **Unlimited.**
 - **Confinement in a registered birthing unit or Out-of-Hospital** **Unlimited.**
- Extended Benefit Cover (up to 200%)**

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

Clinical Protocols apply.

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

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 new 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 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 immunization, 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.

We've also revamped the look and feel of the Medshield MOM bags, which 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 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.



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.

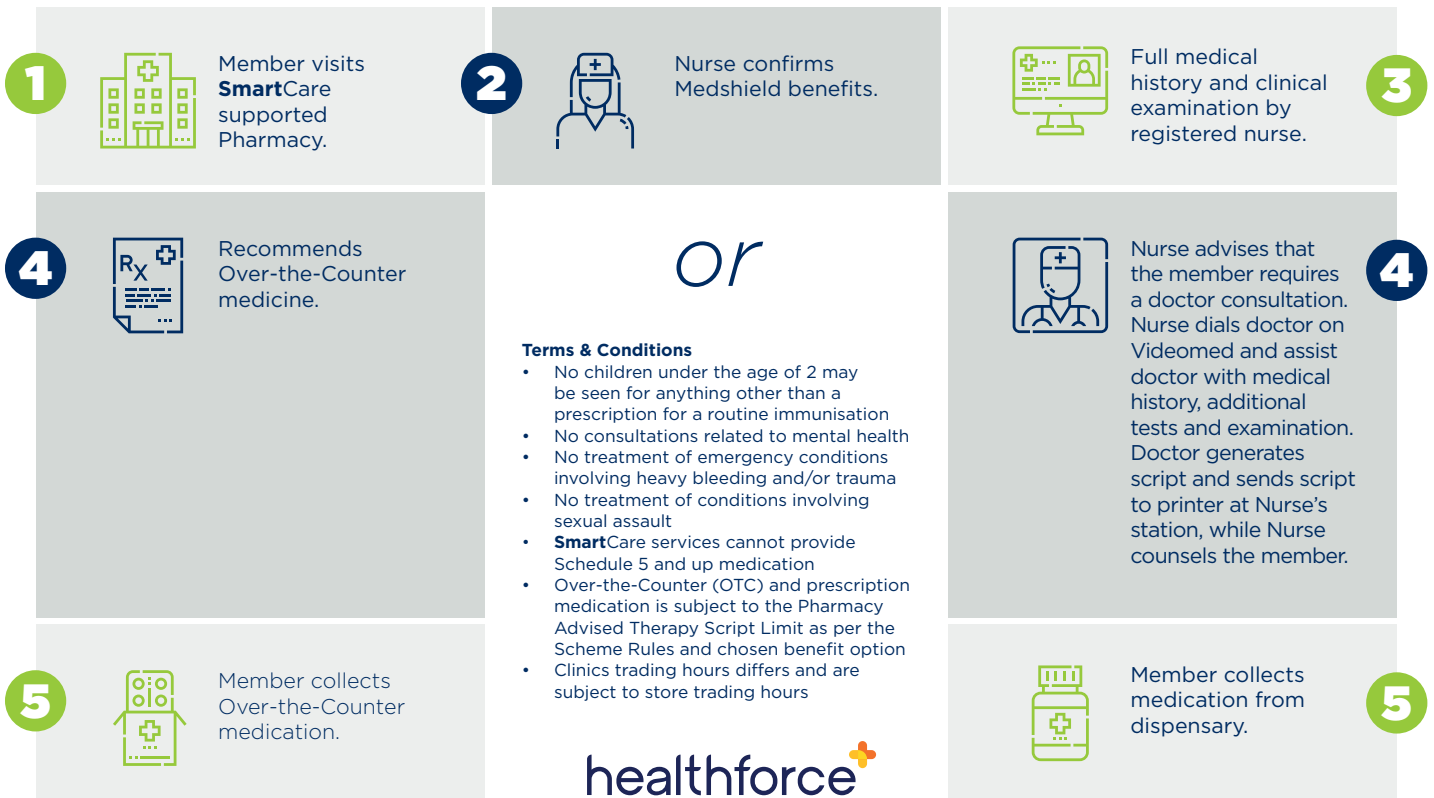
SMARTCARE SERVICES:

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.



SmartCare Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	1 visit per family subject to the Overall Annual Limit.
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for Covid-19.	Refer to page 25.

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 and follow the Virtual Family Practitioner Consultation link. (see image below)

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

The Medshield Apple IOS and Android App is available for download from the relevant app 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

FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL

FP consultations and visits can be accessed in-person, telephonically or virtually.

- **Medshield Family Practitioner (FP) Network**
Consultations and Visits Out-of-Hospital.

The use of the Medshield Family Practitioner Network applies.

BENEFIT LIMIT AND COMMENTS

2 per beneficiary from the Overall Annual Limit.



Wellness Benefits

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

Unless otherwise specified, benefits are subject to the Overall Annual Limit, thereafter no benefit.

Consultations are excluded for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<ul style="list-style-type: none"> • COVID-19 Vaccination Subject to relevant Managed Healthcare Programme. Limited to Scheme Vaccination Formulary. Excludes consultation costs. 	Subject to the Overall Annual Limit. Protocols apply.
Birth Control (Contraceptive Medication) Only applicable if no intrauterine devices and alternatives are used.	Restricted to 1 month's supply to a maximum of 13 prescriptions per annum per female beneficiary between the ages of 14 - 55 years old , with a script limit of R190 . Limited to the Scheme's Contraceptive formularies and protocols.
Flu Vaccination	1 per beneficiary 18+ years old , included in the Overall Annual Limit. Thereafter no benefit.
Health Risk Assessment (Pharmacy or Family Practitioner)	1 per beneficiary 18+ years old per annum.
HPV Vaccination (Human Papillomavirus)	1 course of 2 injections per female beneficiary, 9 - 13 years old . Subject to qualifying criteria.
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.
Pap Smear	1 test per female beneficiary per annum.
Pneumococcal Vaccination	1 per annum for high risk individuals and for beneficiaries 60+ years old .
TB Test	1 test per beneficiary.
Child Immunisations: Immunisation programme as per the Department of Health Protocol and specific age groups:	
At Birth: Tuberculosis (BCG) and Polio OPV(0).	
At 6 Weeks: Rotavirus RV(1), Polio OPV(1), Pneumococcal PVC (1), DTaP-IPV-Hib-HBV (1) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 10 Weeks: DTaP-IPV-Hib-HBV (2) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 14 Weeks: Rotavirus RV(2), Pneumococcal PVC (2), DTaP-IPV-Hib-HBV (3) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 6 Months: Measles MV(1).	
At 9 Months: Pneumococcal PVC (3), Chickenpox CP, Measles.	
At 12 Months: Measles MV(2).	
At 18 Months: Measles, Mumps and Rubella (MMR), DTaP-IPV-Hib-HBV (4) includes: Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough), Inactivated Polio vaccine and Haemophilus influenza Type B and Hepatitis B combined.	
At 6 Years: Tetanus and Diphtheria (Td), Polio.	
At 12 Years: Tetanus and Diphtheria (Td).	



The following tests are covered under the Health Risk Assessment

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

Child Immunisation

Through the following providers:

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

Health Risk Assessments

Can be obtained from:

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



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.

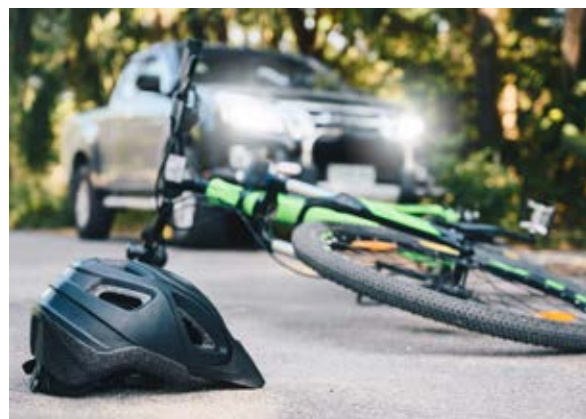
24 Hour access
to the Emergency
Operation Centre

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

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

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

Telephonic
medical advice



Monthly Contributions

MEDICORE OPTION	PREMIUM
Principal Member	R2 961
Adult Dependant	R2 505
Child*	R684

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

DEFINITION:

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

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



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.

COVID-19 Access to Care

<p>COVID-19 PCR Test</p> 	<ul style="list-style-type: none"> 1st test included in Overall Annual Limit, whether positive or negative All subsequent tests paid from your Savings or Day-to-Day limit If the test is positive you should email the positive results to member@medshield.co.za 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) Important to note that the Day-to-Day limit is an allocation to members from Risk. Therefore the COVID-19 treatment will pay from your Day-to-Day limit until it is depleted. You need to complete a PMB Application form to apply for related benefits to be paid from Risk (Clinical Protocols apply) Personal Medical Savings Accounts 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)
<p>Telephonic and Video Doctor Consultations</p> 	<ul style="list-style-type: none"> Safe consultation with your Family Practitioner Access to current Doctors via remote consultation (telephonic and video) Pays from available Family Practitioner Consultations and Visits: Out-of-Hospital benefit
<p>Video and Nurse Consultations</p> <p>SmartCare</p>	<ul style="list-style-type: none"> SmartCare covers members for Nurse-led and Videomed doctor consultations Available benefit on all Medshield 2022 benefit options A one-stop healthcare facility that is convenient, quick and efficient The amount of visits and Videomed consultations are dependent on the member's chosen benefit option Available at any SmartCare-enabled clinic or pharmacy in South Africa The list of SmartCare enabled clinics are available on the Medshield website at www.medshield.co.za/medshield-networks/
<p>Online assessments and consultations</p> <p>SmartCare WhatsApp Doc</p>	<ul style="list-style-type: none"> Free mobile doctors consultations Assessments for COVID-19 Available to all Medshield members WhatsApp 'Hi' to 087 250 0643 Monday to Friday 9am - 5pm and Saturday 9am - 1pm Calls charged at local call rates
<p>Easy access to your Chronic Medicine - delivered to your home</p> 	<ul style="list-style-type: none"> Have Chronic Medicine delivered to your home 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 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
<p>Flu Vaccine</p> 	<ul style="list-style-type: none"> Paid from Wellness Benefit Available to adults older than 18 years Available at Medshield Pharmacy Network providers, Clicks Pharmacies and selected SmartCare Clinics Visit the website at www.medshield.co.za/medshield-networks/ for a list of providers
<p>Pneumococcal Vaccine</p> 	<ul style="list-style-type: none"> High-risk members Seniors over 60 years of age Pre-existing conditions e.g. heart conditions, lung conditions, chronic renal disease, Diabetes and immuno-compromised members Available on Wellness Benefit (excluding MediPhila members)

SmartCare WhatsApp Doc


Medshield SmartCare

COVID-19 WhatsApp Advice Line


To consistently provide access to care, **Medshield's** WhatsApp channel allows members to 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 **ASSESESSES
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.

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: *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 Schemes 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-authorized.

Hospitalisation

If application for a pre-authorization 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-authorized by a Managed Health Care Provider;

Frail care services shall only be considered for pre-authorization 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-authorized 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 sun tanning 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 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 septicemia (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 haemotronics 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.

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;
Conservative Back and Neck Treatment;

Healthcare services (including scans and scopes) that should be done Out-of-Hospital and for which an admission to hospital is not necessary.

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses) ,and contact lens accessories and solutions;
Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;
Contact lens fittings;

Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;

Exclusions as per the Schemes Optical Management Programme.

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

Organs and haemopoietic stem cell (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 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;
 Internal Nerve Stimulators.

Radiology and Radiography

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

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 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);
 Keloid surgery, except following severe burn scars on the face and neck, for functional impairment such as contractures and excision of a tattoo (unless PMB level of care, DSP applies); skin disorders (life threatening/non-life threatening) including benign growths;
 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);
 Joint replacement including but not limited to hips, knees, shoulders and elbows, unless Prescribed Minimum Benefits 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 MediCore Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	Contact number: 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	Contact number: 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa Facsimile: 0866 151 509 Authorisations: medshieldauths@mediscor.co.za
Dental Authorisations	Denis	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations email: crowns@denis.co.za - Periodontic Applications email: perio@denis.co.za - Orthodontic Applications email: ortho@denis.co.za - Plastic Dentures email: customercare@denis.co.za In-Hospital Dental Authorisations email: hospitalenq@denis.co.za
Disease Management Programme	Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa Facsimile: +27 10 597 4706 email: diseasemanagement@medshield.co.za
Disease Management Care Plans	Mediscor	Contact number: 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa Facsimile: +27 10 597 4706 email: pmbapplications@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



Medshield Head Office

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

Disclaimer

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme. All benefits in accordance with the Registered Rules of the Scheme. Terms and conditions of membership apply as per Scheme Rules. Pending CMS approval. September 2021. An Authorised Financial Services Provider (FSP 51381)

Medshield Regional Offices

Bloemfontein

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

Durban

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

Cape Town

Podium Level, Block A, The Boulevard,
Searle Street, Woodstock
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Medshield Contact Centre

Contact number: 086 000 2120 (+27 10 597 4701)
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East London

Unit 3, 8 Princes Road, Vincent
email: medshield.el@medshield.co.za

Port Elizabeth

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



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