

PremiumPlus

2020 BENEFIT GUIDE



DECEMBER 2019

Benefit adjustments are pending CMS approval.









MEDSHIELD
medical scheme



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

 Major Medical Benefits (In-Hospital)	 Ambulance Services	 Oncology Benefits
 Chronic Medicine Benefits	 Maternity Benefits	 Wellness Benefits



PremiumPlus Benefit Option

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

Information members should take note of:

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

Hospital Pre-authorisation

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

Hospitalisation Cover

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

Chronic Medicine Benefits

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

Scheme Rules/Protocols

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

Day-to-Day Benefits

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

Designated Service Providers (DSPs)

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

Co-payments

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

Networks

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

Your claims will be covered as follows:

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

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

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

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

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

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



ONLINE SERVICES

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

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

Use these channels to view:

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



The application of co-payments

The following services will attract upfront co-payments:

<ul style="list-style-type: none"> Non-PMB PET and PET-CT scan Non-PMB Internal Prosthesis and Devices Voluntary use of a non-DSP for HIV & AIDS related medication Voluntary use of a non-DSP or a non-Medshield Pharmacy Network Voluntarily obtained out of formulary medication Voluntary use of a non-ICON provider - Oncology Voluntary use of a non-DSP provider - Chronic Renal Dialysis 	<ul style="list-style-type: none"> 10% upfront co-payment 25% upfront co-payment 40% upfront co-payment 40% upfront co-payment 40% upfront co-payment 40% upfront co-payment 40% upfront co-payment
<p>In-Hospital Procedural upfront co-payments</p> <ul style="list-style-type: none"> Endoscopic procedures (refer to Addendum B) Functional Nasal surgery Laparoscopic procedures Arthroscopic procedures Wisdom Teeth Hernia Repair (except in infants) Back and Neck surgery Nissen Fundoplication Hysterectomy 	<ul style="list-style-type: none"> R1 000 upfront co-payment R1 000 upfront co-payment R2 000 upfront co-payment R2 000 upfront co-payment R2 000 upfront co-payment R2 000 upfront co-payment R3 000 upfront co-payment R4 000 upfront co-payment R5 000 upfront co-payment R5 000 upfront co-payment

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

GAP Cover

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



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BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. Clinical Protocols apply.	Unlimited.
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners.	Unlimited. Extended Benefit Cover (up to 200%)
REFRACTIVE SURGERY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply. Includes the following: <ul style="list-style-type: none"> • Lasik • Radial Keratotomy • Phakic Lens Insertion Clinical Protocols apply.	R17 000 per family per annum. Including hospitalisation, if not authorised, payable from Personal Savings Account.
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Includes the following: <ul style="list-style-type: none"> • Diagnostic Polysomnograms • CPAP Titration Clinical Protocols apply.	Unlimited. Unlimited.
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Includes the following: <ul style="list-style-type: none"> • Immuno-Suppressive Medication • Post Transplantation and Biopsies and Scans • Related Radiology and Pathology Clinical Protocols apply.	Unlimited. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. Clinical Protocols apply.	Unlimited.
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	R2 500 per beneficiary per annum. Thereafter subject to Personal Savings Account.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services can be obtained from the Medshield Hospital Network. Preferred Provider Network will apply. Surgically Implanted Devices. Clinical Protocols apply.	R59 500 per family per annum. 25% upfront co-payment for non-PMB. Sub-limit for hips and knees: R30 000 per beneficiary - subject to Prosthesis and Devices Internal Limit.
PROSTHESIS EXTERNAL Services must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701). Preferred Provider Network will apply. Including Ocular Prosthesis. Clinical protocols apply.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.



MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
GENERAL RADIOLOGY As part of an authorised event. Clinical Protocols apply.	Unlimited.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Includes the following: <ul style="list-style-type: none"> CT scans, MUGA scans, MRI scans, Radio Isotope studies CT Colonography (Virtual Colonoscopy) Interventional Radiology replacing Surgical Procedures Clinical Protocols apply.	R25 200 per family per annum. Subject to Specialised Radiology Limit. Unlimited.
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology Clinical Protocols apply.	Unlimited. 40% upfront co-payment for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	Unlimited. Extended Benefit Cover (up to 200%)
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply. Up to a maximum of 3 days if patient is admitted by a Family Practitioner. <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 	R52 500 per family per annum. R14 000 per family per annum. Limited to and included in the Mental Health Limit. Subject to Mental Health Limit.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. Includes the following: <ul style="list-style-type: none"> Anti-retroviral and related medicines HIV/AIDS related Pathology and Consultations National HIV Counselling and Testing (HCT) 	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a 40% upfront co-payment .
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. Clinical Protocols apply.	Limited to interventions and investigations only. Refer to Addendum A for a list of procedures and blood tests.
BREAST RECONSTRUCTION (following an Oncology event) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. Post Mastectomy (including all stages) Clinical Protocols apply.	R80 000 per family per annum. Extended Benefit Cover up to 200% Co-payment and Prosthesis limit, as stated under Prosthesis, is not applicable for breast reconstruction.



A **Medshield complimentary baby hamper** 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.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	12 Antenatal consultations per pregnancy.
ANTENATAL CLASSES	R500 per family.
PREGNANCY RELATED SCANS AND TESTS	Limited to the following: Two 2D Scans per pregnancy. 1 Amniocentesis per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). The use of the Medshield Specialist Network may apply.	Unlimited. Unlimited. Unlimited. Extended Benefit Cover (up to 200%) 4 Postnatal consultations per pregnancy. Medshield Private Rates (up to 200%) applies to a registered Midwife only. Unlimited.
<ul style="list-style-type: none"> • Confinement in hospital • Delivery by a Family Practitioner or Medical Specialist • Confinement in a registered birthing unit or Out-of-Hospital <ul style="list-style-type: none"> - Midwife consultations per pregnancy - Delivery by a registered Midwife or a Practitioner - Hire of water bath and oxygen cylinder Clinical Protocols apply.	



ONCOLOGY Benefits

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

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (40% upfront co-payment for the use of a non-DSP)	Unlimited.
<ul style="list-style-type: none"> Active Treatment Including Stoma Therapy, Incontinence Therapy and Brachytherapy. 	Subject to Oncology Limit. ICON Enhanced Protocols apply.
<ul style="list-style-type: none"> Oncology Medicine 	R333 900 per family per annum. Subject to Oncology Limit. ICON Enhanced Protocols apply.
<ul style="list-style-type: none"> Radiology and Pathology Only Oncology related Radiology and Pathology as part of an authorised event. 	Subject to Oncology Limit.
<ul style="list-style-type: none"> PET and PET-CT 	R21 200 per family per annum. Limited to 1 Scan per family per annum. 10% upfront co-payment for non-PMB.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	6 visits per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation from the Oncology Managed Healthcare provider.	Subject to Oncology Medicine Limit.
<ul style="list-style-type: none"> Macular Degeneration Clinical Protocols apply. 	R40 000 per family per annum. Subject to Oncology Limit.



CHRONIC MEDICINE Benefits

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

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

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

40% Upfront co-payment

will apply in the following instances:

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

This option covers medicine for all 26 PMB CDL's and an additional list of 54 conditions.

Re-imbbursement at Maximum Generic Price

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
<ul style="list-style-type: none"> • The use of a Medshield Pharmacy Network Provider is applicable from Rand one. • Supply of medication is limited to one month in advance. 	R14 000 per beneficiary per annum limited to R28 000 per family per annum. Medicines will be approved in line with the Medshield Formulary , within and above limits.



DENTISTRY Benefits

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY <ul style="list-style-type: none"> In-Hospital (only for beneficiaries under the age of 6 years old) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Failure to obtain an authorisation prior to treatment will result in a 20% penalty. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. 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. Medshield Private Rates (up to 200%) applies to the Dentist account only when procedure is performed under conscious sedation in the Practitioners' rooms.
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a 20% penalty . According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	R17 300 per family per annum.
<ul style="list-style-type: none"> Wisdom Teeth and Apicectomy Wisdom Teeth. Apicectomy only covered in the Practitioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. 	Subject to the Specialised Dentistry Limit. Medshield Private Rates (up to 200%) applies to the Dentist account only when procedure is performed under conscious sedation in the Practitioners' rooms. R2 000 upfront co-payment applies if procedure is done in hospital.
<ul style="list-style-type: none"> Dental Implants Includes all services related to Implants. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. 	Subject to the Specialised Dentistry Limit. Medshield Private Rates (up to 200%) applies to the Dentist account only when procedure is performed under conscious sedation in the Practitioners' rooms.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics Consultations, Visits and Treatment for all such dentistry including the Technicians' Fees. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. 	Subject to Personal Savings Account. Threshold and Above Threshold apply.
MAXILLO-FACIAL AND ORAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Non-elective surgery only. According to the Dental Managed Healthcare Programme and Protocols. The use of the Medshield Specialist Network may apply.	R17 300 per family per annum. Extended Benefit Cover (up to 200%) only applicable to Maxillo-facial Surgery.





OUT-OF-HOSPITAL Benefits

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

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

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

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



DAY-TO-DAY Benefits

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

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

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

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

Benefit utilisation and how to access these Benefits

STEP 1 PERSONAL SAVINGS ACCOUNT (PSA)	<ul style="list-style-type: none"> You will have access to your Personal Savings Account (PSA), which consists of 20% of your monthly contributions, allocated annually in advance (January to December) Your PSA allocation is determined by your family size Your PSA will be used to cover your Day-to-Day benefits Once you and your dependant/s have exhausted your PSA, the Scheme has made an Above Threshold Benefit available that kicks in once you have reached the Threshold amount set by the Scheme
STEP 2 SELF-PAYMENT GAP (SPG)	<ul style="list-style-type: none"> The Threshold amount is determined on an annual basis by the Scheme and some selected benefit categories claims accumulate to the Threshold amount In the event that your savings run out and you have not reached your Threshold amount, you will enter what is known as a Self-Payment Gap Self-Payment Gap means you will be liable for payments of Day-to-Day medical expenses until you reach a threshold, meaning you will continue paying your claims from your pocket or your accumulated PSA up to the specified amount Not all claims payable from your PSA or other Day-to-Day benefit categories accumulates to your threshold and Self-Payment Gap. Only claims marked on this brochure in accordance to Scheme rules will accumulate The Self-Payment Gap will accumulate on Scheme tariff only The Self-Payment Gap varies according to the family size, up to a pre-determined limit You must continue to submit your claims even if you are in the Self-Payment Gap stage for your payments to reflect on the system in order for the accumulation to happen Once you reach the Threshold amount you can then access to the Above Threshold Benefits
STEP 3 ABOVE THRESHOLD BENEFITS (ATB)	<ul style="list-style-type: none"> Above Threshold Benefits is the next layer of benefits you can access once you reach your Threshold The Scheme will pay for specified Day-to-Day medical expenses from the Above Threshold Benefit up to a pre-determined limit and not from Savings All claims will be paid in accordance to the Scheme tariff The Above Threshold Benefit limit also varies according to the family size Once you have exhausted your Above Threshold Benefit and you have additional savings available, your claim will continue to be paid from Savings

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

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



DAY-TO-DAY Benefits

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - PRIVATE NURSE PRACTITIONERS Subject to the use of the SmartCare Nurse Network compulsory from Rand one	Unlimited.
CONSULTATIONS AND VISITS OUT-OF-HOSPITAL - NURSE-LED VIDEOMED GENERAL PRACTITIONERS (GP) Subject to the use of the SmartCare Videomed GP Network.	1 per family subject to the Overall Annual Limit and thereafter subject to the Personal Savings Account.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Medshield Specialist Network may apply.	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply.
MEDICINES AND INJECTION MATERIAL <ul style="list-style-type: none"> Acute medicine Medshield medicine pricing and formularies apply. Pharmacy Advised Therapy (PAT) 	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply. Limited to R220 per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols. <ul style="list-style-type: none"> Optometric refraction: (eye test) Spectacles AND Contact Lenses: Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses Frames and/or Lens Enhancements: Readers: If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a Registered Pharmacy 	Subject to Personal Savings Account. 1 test per beneficiary per 24 month optical cycle limited to the Personal Savings Account. Subject to Personal Savings Account. Subject to Personal Savings Account. R160 per beneficiary per annum. Subject to Personal Savings Account.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to Personal Savings Account.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	Subject to Personal Savings Account.
GENERAL RADIOLOGY Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to Personal Savings Account. 1 Bone Densitometry scan per beneficiary per annum in or out of hospital.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	Limited and included in the Specialised Radiology Limit of R25 200 per family per annum.
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply. <ul style="list-style-type: none"> Non-Surgical Procedures Procedures and Tests in Practitioners' rooms Routine Diagnostic Endoscopic Procedures in Practitioners' rooms 	Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply. Subject to Personal Savings Account. Threshold and Above Threshold Benefit apply. Unlimited. Medshield Private Rates (up to 200%) Refer to Addendum B for a list of services. Unlimited. Medshield Private Rates (up to 200%) Refer to the Addendum B for the list of services.
MENTAL HEALTH Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	R4 700 per family per annum. Limited to and included in the Mental Health Limit of R52 500 per family.



DAY-TO-DAY Benefits

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



WELLNESS Benefits

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

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

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

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

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

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

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

At 6 Months: Measles MV(1).

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

At 12 Months: Measles MV(2).

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

At 6 Years: Tetanus and Diphtheria (Td).

At 12 Years: Tetanus and Diphtheria (Td).



SmartCare

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

SMARTCARE SERVICES:

- **Acute consultations:**

Chest and upper respiratory tract infections, urinary tract infections, eye and ear infections etc.

- **Chronic consultations:**

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



1.

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



The following tests are covered under the Health Risk Assessment

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

Child immunisation

Through the following providers:

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

Health Risk Assessments

Can be obtained from:

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



AMBULANCE Services

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

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

24 Hour access
to the Emergency
Operation Centre

Telephonic
medical advice

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

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



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



MONTHLY Contributions

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

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



PRESCRIBED Minimum Benefits (PMB)

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

What are PMBs?

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

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

CLUSTER 1

Emergency medical condition

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

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

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

CLUSTER 3

26 Chronic Conditions

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

WHY PMBs?

PMBs were created to:

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

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

WHY Designated Service Providers are important?

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

QUALIFYING to enable your claims to be paid

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

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

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

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



RESEARCH your condition

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

DON'T bypass the system

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

TALK to us!

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

CHECK that your account was paid

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

IMPORTANT to note

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

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

HEALTHCARE PROVIDERS' responsibilities

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

How to avoid rejected PMB claims?

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

PMB CARE templates

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

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

TREATMENT Plans

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

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

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

The treatment protocol for each condition may include the following:

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

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

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

DIRECTORY of Medshield PremiumPlus Partners

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

COMPLAINTS Escalation Process

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

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

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

MEDSHIELD Banking Details

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

FRAUD

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

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

Addendum A

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

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

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

Addendum B

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

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

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

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

Note: 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:

Oral Hygiene/Prevention

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

Fillings/Restorations

Fillings to restore teeth damaged due to toothbrush abrasion, attrition,

erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;
Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions

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

Plastic Dentures/Snoring Appliances/Mouth guards

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

Partial Metal Frame Dentures

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

Crown and Bridge

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

Implants

Older 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 81 20);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
All general anaesthetics and conscious sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation

If application for a pre-authorisation reference number (PAR) for a

clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable

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

Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;
Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;

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

Infertility

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

Maternity

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

Medicine and Injection Material

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

Protein C inhibitors such as Xigris, for septic shock and septicaemia (unless PMB level of care, DSP applies);

Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;

Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);

Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).

Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule O, 1 and 2 medicines supplied by a registered pharmacist);

Medicines for intestinal flora;

Medicines defined as exclusions by the relevant Managed Healthcare Programme;

Medicines and chemotherapeutic agents not approved by the Medicine Control Council unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;

Medicines not authorised by the relevant Managed Healthcare Programme;

Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;

Slimming preparations for obesity;

Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;

Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotonic and products for use for:

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

Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);

All benefits for clinical trials unless pre-authorised by the relevant Managed Healthcare Programme;

Diagnostic agents, unless authorised and PMB level of care;

Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);

Immunoglobulins and immune stimulents, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);

Erythropoietin, unless PMB level of care;

Medicines used specifically to treat alcohol and drug addiction.

Pre-authorisation required (unless PMB level of care, DSP applies);

Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);

Nappies and waterproof underwear;

Oral contraception for skin conditions, parenteral and foams.

Mental Health

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

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Ophthalmology);

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

Optometry

Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;

Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable; OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;

Contact lens fittings;

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

Exclusions as per the Schemes Optical Management Programme.

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

Organs and haemopoietic stem cell (bone marrow) donations to any person other than to a member or dependant of a member on this Scheme;

International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Schemes Pathology Management Programme;

Allergy and Vitamin D testing in hospital;

Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;

Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B;

Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;

Drug eluting stents, unless Prescribed Minimum Benefits level of care (DSP applies);

Covered aortic stents, unless Prescribed Minimum Benefits level of care (DSP applies);

Peripheral vascular stents, unless Prescribed Minimum Benefits level of care (DSP applies);

TAVI procedure - transcatheter aortic-valve implantation. The

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

Radiology and Radiography

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

SmartCare Clinics - Private Nurse Practitioner

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

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
 Gynaecomastia;
 Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
 Breast augmentation;
 Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
 Erectile dysfunction surgical procedures;
 Gender reassignment medical or surgical treatment;
 Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
 Obesity - surgical treatment and related procedures e.g. bariatric

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

Items not mentioned in Annexure B

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



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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.