



MEDSHIELD
medical scheme

MediCurve

2021 Benefit Guide

Live *Assured.*



LiveAssured.

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

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



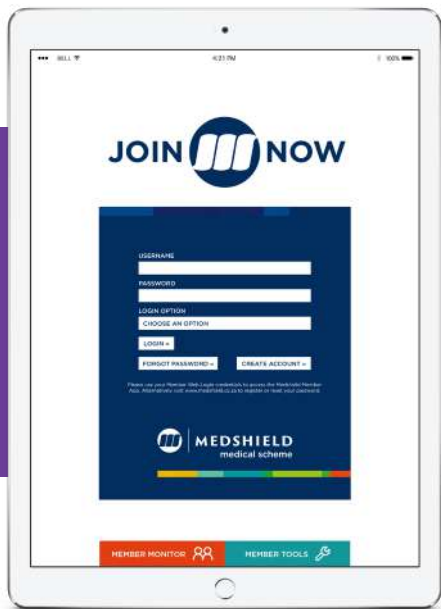
MediCurve

Contents

About MediCurve	4
Information members should take note of	4
Online Services	6
How you claims will be covered	6
Co-payments	7
In-Hospital Benefits	8
Maternity Benefits	10
Oncology Benefits	11
Chronic Medicine Benefits	12
Dentistry Benefits	13
SmartCare	14
Out-of-Hospital Benefits	17
Wellness Benefits	18
Ambulance Services	19
Monthly Contributions	19
Prescribed Minimum Benefits (PMB)	21
Contact details	24
Banking Details	24
Fraud	24
Complaints Escalation Process	24
Addendums	25
Exclusions	26

MediCurve Benefit Option

You never know when you may require medical care or treatment and, most importantly, whether you will have funds readily available to cover the costs. **MediCurve** provides the young and healthy with first time medical cover that fits perfectly into their lifestyle.











- A digital plan for the young, carefree, healthy individual
- Easy online application process
- Submit your claims and manage your health online via any mobile device
- Unlimited Family Practitioner consultations through Medshield’s SmartCare 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, the benefit limits, and the rate at which the services will be covered:

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

 Unlimited Benefits	 Ambulance Services	 Oncology Benefits	 Chronic Medicine Benefits
 Maternity Benefits	 Family Practitioner Benefits	 Dental Benefits	 Wellness Benefits



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.



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:

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



The application of co-payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology
 Voluntary use of a non-MediCurve Network Hospital
 Voluntary use of a non-MediCurve Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant
 Voluntary use of a non-MediCurve Network Hospital - Mental Health
 Voluntary use of a non-DSP for chronic medication
 Voluntary use of a non-DSP for HIV & AIDS related medication
 Voluntary obtained out of formulary medication
 Voluntary use of a non-ICON provider - Oncology
 Voluntary use of a non-DSP or non-MediCurve Network Pharmacy
 Voluntary use of a non-MediCurve Family Practitioner
 Voluntary use of a non-DSP provider - Chronic Renal Dialysis
 Dental Consultations
 Optical Test
 Optical Spectacles
 Family Practitioner Consultations and Visits
 Acute medicine per line item

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

25% upfront co-payment
40% upfront co-payment
40% upfront co-payment
40% upfront co-payment
40% upfront co-payment
40% upfront co-payment
40% upfront co-payment
40% upfront co-payment
40% upfront co-payment
R150 upfront co-payment
R100 upfront co-payment
R100 upfront co-payment
R100 upfront co-payment
R10 upfront co-payment

Endoscopic Procedures (Refer to **Addendum B**)
 Functional Nasal Surgery
 Hernia Repair (except in infants)
 Laparoscopic procedures
 Arthroscopic procedures
 Oral Surgery
 Maxillo-facial Surgery
 Wisdom Teeth and Apicectomy
 Nissen fundoplication
 Hysterectomy

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

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

GAP COVER

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



MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	Unlimited.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the MediCurve Hospital Network. <ul style="list-style-type: none"> • Prescribed Minimum Benefits (PMB) • Non-PMB Clinical Protocols apply.	Specialist services from treating/attending Specialists are subject to pre-authorisation. Unlimited. 25% co-payment will apply for the use of a non-MediCurve Network Hospital.
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the Hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge.	Limited to R400 per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Includes the following: <ul style="list-style-type: none"> • Physical Rehabilitation • Sub-Acute Facilities • Nursing Services • Hospice • Terminal Care Clinical Protocols apply.	R28 000 per family, subject to PMB and PMB level of care. 25% co-payment will apply for the use of a non-MediCurve Network Hospital. R11 650 per family per annum.
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.
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the MediCurve Hospital Network. Includes the following: <ul style="list-style-type: none"> • Immuno-Suppressive Medication • Post Transplantation Biopsies and Scans • Related Radiology and Pathology Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care. 25% upfront co-payment for the use of a non-MediCurve Network Hospital. Organ harvesting is limited to the Republic of South Africa Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. Pathology Formulary applies. Clinical Protocols apply.	Unlimited.
PHYSIOTHERAPY As part of an authorised event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).	R2 650 per beneficiary per annum.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from MediCurve Hospital Network. Preferred Provider Network will apply.	Unlimited subject to PMB and PMB level of care. Use of a DSP applicable from Rand one. 25% co-payment for the use of a non-MediCurve Network Hospital.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PROSTHESIS EXTERNAL Services must be pre-approved or pre-authorised by the Scheme on 086 000 2121 (+27 11 671 2011) and must be obtained from the DSP, Network Provider or Preferred Provider. Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care.
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) and services must be obtained from the DSP or Network Provider. 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.	R5 000 per family per annum. 10% upfront co-payment for non-PMB. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. 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 subject to PMB and PMB level of care. 40% upfront co-payment for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB admission.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	Unlimited.
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 	Unlimited subject to PMB and PMB level of care. 25% upfront co-payment for the use of a non-MediCurve Network Hospital. Use of a DSP applicable from Rand one for PMB admission. Subject to PMB and PMB level of care. Subject to PMB and PMB level of care.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. 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 medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a 40% upfront co-payment . Courier DSP applies from Rand one.
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 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.



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.

One Amniocentesis test per pregnancy.

CONFINEMENT AND POSTNATAL CONSULTATIONS

Unlimited subject to PMB and PMB level of care. 25% upfront co-payment for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB admission. 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 MediCurve Network.

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

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

Clinical Protocols apply.

Unlimited.
Unlimited.
Unlimited.

4 Postnatal consultations per pregnancy.

Unlimited.
Unlimited.



ONCOLOGY Benefits

For easy access to your Oncology benefits:



When diagnosed:

Contact Medshield's Oncology Disease Management team on 086 000 2121 and you will be provided with a list of the ICON Oncology Group practices in your area. Ask your doctor to refer you to one of these Oncologists.



Treatment Plan

Your Oncologist will discuss your treatment plan and send to Medshield for authorisation.



Authorisation:

Once approved Medshield will send authorisation to your ICON Oncologist and you will receive a letter with the authorised treatment, approved quantities and duration of the authorisation.

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

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (40% upfront co-payment for the use of a non-DSP)	Unlimited subject to PMB and PMB level of care.
<ul style="list-style-type: none"> Active Treatment Including Stoma Therapy, Incontinence Therapy and Brachytherapy. 	Subject to Oncology Limit. ICON Standard Protocols apply.
<ul style="list-style-type: none"> Oncology Medicine 	Subject to Oncology Limit. ICON Standard 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 	Limited to 1 Scan per family per annum. Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	6 visits per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation on 086 000 2121 or (+27 11 671 2011).	Subject to Oncology Limit.
<ul style="list-style-type: none"> Macular Degeneration Clinical Protocols apply. 	R40 000 per family per annum. Subject to PMB and PMB level of care.
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.	R84 800 per family per annum. Co-payments and prosthesis limit as stated under Prosthesis is not applicable to Breast Reconstruction.



CHRONIC MEDICINE Benefits

REGISTER

Your Doctor or Pharmacist should call Chronic Medicine Management on 086 000 2120 (Choose relevant option) or email: medshieldauths@mediscor.co.za

1

2

EVALUATION

Your medicine will be evaluated in line with the Scheme Rules, Formularies and protocols.

NOTIFICATION

You will receive notification once registered. If more information is required please ensure your Doctor provides the required clinical information.

3

4

SCRIPT

You will need a script from your Doctor for the approved medicine.

5

DSP PHARMACY

Collect your medicine from a MediCurve Chronic Network Pharmacy. The list is available via the App or the website online tools.

DO

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



DON'T

40% Upfront co-payment will apply in the following instances:

- Out-of-formulary medication voluntarily obtained.
- Medication voluntarily obtained from a non-MediCurve Chronic Network Pharmacy.



BENEFIT CATEGORY

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

BENEFIT LIMIT AND COMMENTS

Limited to PMB only.
Medicine will be approved in line with the **Medshield Formulary** and is applicable from **Rand one**.
40% upfront co-payment for voluntary use of a non-MediCurve Chronic Pharmacy Network provider.



DENTISTRY Benefits

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY <p>According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.</p> <ul style="list-style-type: none"> Wisdom Teeth and Apicectomy Wisdom Teeth - Services must be obtained from the MediCurve Hospital Network Apicectomy only covered in the Practitioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the use of the Medshield Dental Network. 	<p>1 Dental examination with R150 upfront co-payment per beneficiary.</p> <p>Subject to Overall Annual Limit.</p> <p>R4 000 upfront co-payment applies if procedure is done in hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.</p>
MAXILLO-FACIAL AND ORAL SURGERY <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. According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the MediCurve Hospital Network. The use of the Medshield Specialist Network may apply.</p>	<p>R5 000 per family per annum.</p>

SmartCare

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

SMARTCARE SERVICES:

• Acute consultations:

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

• Chronic consultations:

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



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.

Terms & Conditions

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



5.

Member collects Over-the-Counter medication.



5.

Member collects medication from dispensary.

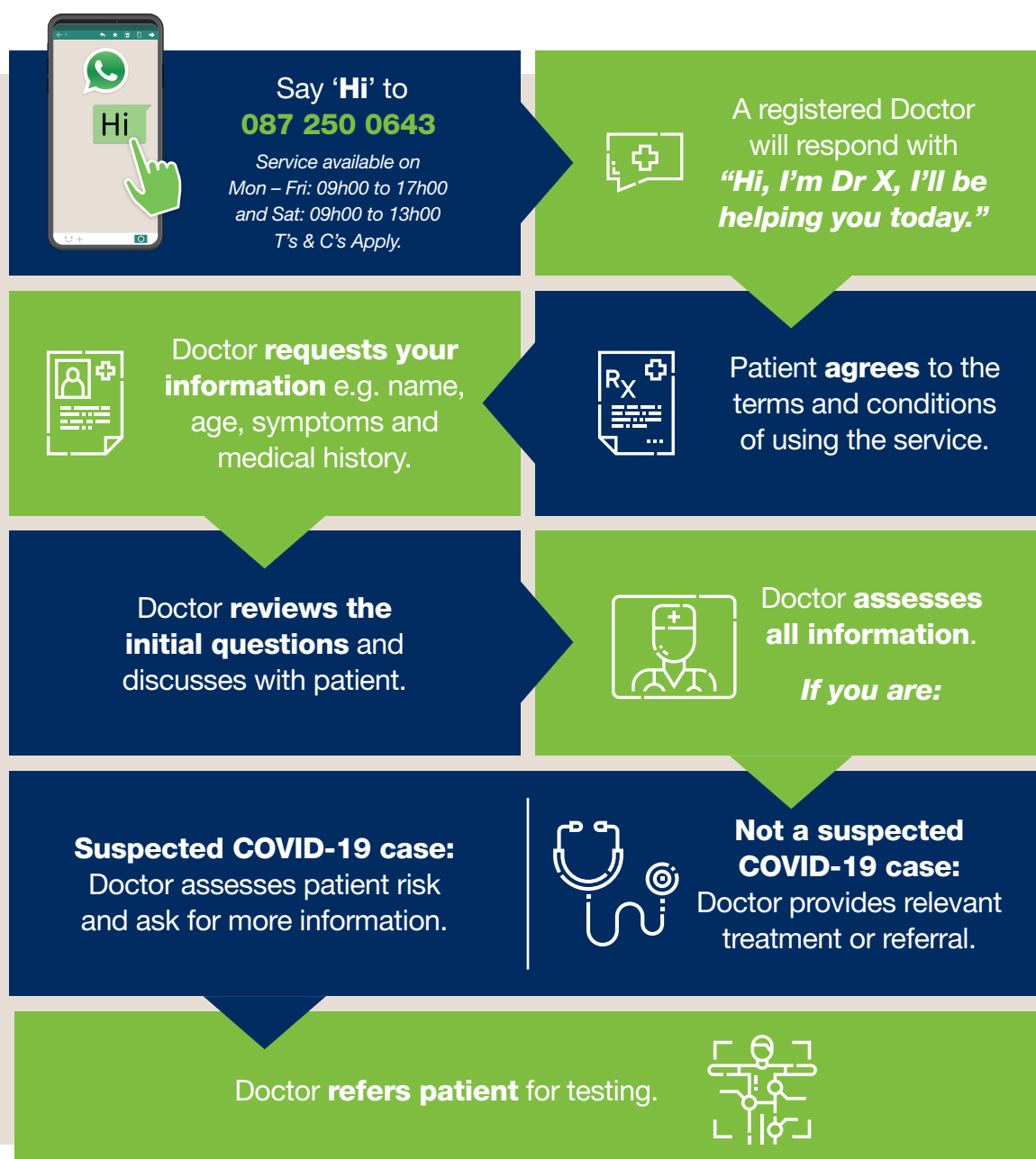
SmartCare WhatsApp Doc

Medshield SmartCare COVID-19 WhatsApp Advice Line

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

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

WhatsApp Advice Line for peace of mind!



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

healthforce

MEDSHIELD

SMARTCARE Benefits

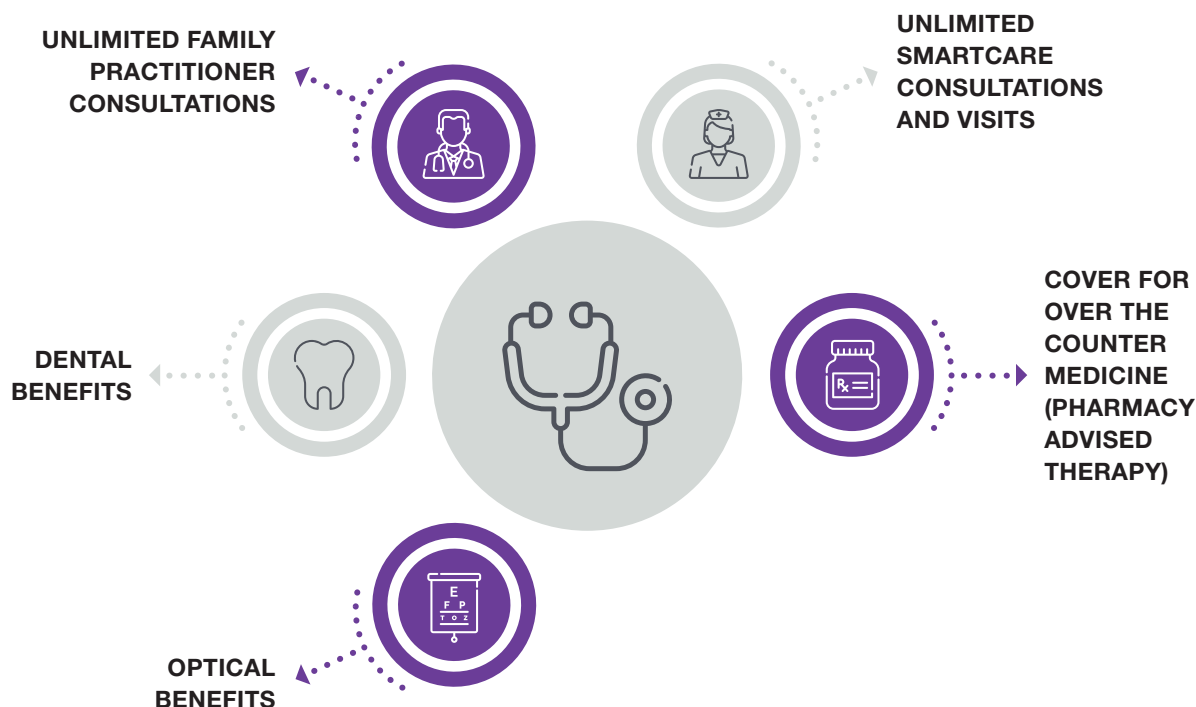
BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	Unlimited.
FAMILY PRACTITIONER (FP) TELEPHONIC AND VIDEO CONSULTATIONS Consultations and visits Out-of-Hospital.	Unlimited.
WHATSAPP DOC ADVICE LINE Channel where members can communicate with a doctor to assess a patient for COVID-19.	Refer to page 15.





OUT-OF-HOSPITAL Benefits

Simplified Out-of-Hospital services subject to the Overall Annual Limit unless otherwise stated.



BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
FAMILY PRACTITIONER CONSULTATIONS AND VISITS Each beneficiary must nominate ONE Family Practitioner from the MediCurve Family Practitioner (FP) Network. The MediCurve FP Network is applicable from Rand one.	Unlimited. R100 upfront co-payment per visit.
NON-NOMINATED FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS When you have not consulted your nominated FP.	2 visits per family per annum. R100 upfront co-payment , thereafter an additional 40% upfront co-payment will apply.
MEDICINES AND INJECTION MATERIAL <ul style="list-style-type: none"> Acute medicine Must be prescribed by the nominated FP and Medshield formularies apply. Subject to the use of the Medshield Pharmacy Network. Pharmacy Advised Therapy (PAT) 	R500 per family per annum. R10 upfront co-payment per medicine line item. R350 per family. Limited to R100 per script.



OUT-OF-HOSPITAL Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols. <ul style="list-style-type: none"> Optometric refraction (eye test) Spectacles OR Contact Lenses: Single Vision Lenses, Contact Lenses only Readers: If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a registered Pharmacy 	R800 per beneficiary every 24 months determined by optical service date cycle. 1 test per beneficiary per 24 month optical cycle. R100 upfront co-payment. R100 upfront co-payment. Subject to Optical Limit. R170 per beneficiary. Subject to Optical Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to PMB.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011)	Limited R5 000 in and out of hospital per family per annum. 10% upfront co-payment for non-PMB.
MIRENA DEVICE Includes the cost of the device only. Subject to the 4 year clinical protocols. Procedure to be performed in Practitioners' rooms. On application only.	1 per female beneficiary. Device only. Subject to the Overall Annual Limit.



WELLNESS Benefits

Take Charge - Wellness benefits are preventative benefits designed to put you in control of your health by allowing you to make the call to go for pre-testing and vaccination.



BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	1 per beneficiary 18+ years old, to a maximum of R100.
Pap Smear	1 per female beneficiary.
Health Risk Assessment SmartCare Network <ul style="list-style-type: none"> Cholesterol Blood Glucose Blood Pressure Body Mass Index (BMI) 	1 per beneficiary 18+ years old per annum.
National HIV Counselling Testing (HCT)	1 test per beneficiary.
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 R150 . Subject to Acute Medicine Benefit. Limited to the Scheme's Contraceptive formularies and protocols.



Log on to the Medshield App for a list of providers near you



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

MEDICURVE OPTION	PREMIUM
Principal Member	R1 398
Adult Dependant	R1 398
Child	R1 398





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.

DIRECTORY of Medshield MediCurve 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
Disease Management Programme	Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa Facsimile: +27 10 597 4706 email: diseasemanagement@medshield.co.za
Disease Management Care Plans	Medscheme	Contact number: 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa Facsimile: +27 10 597 4706 email: pmbcaretemplates@medshield.co.za
Diabetes Management Programme	CDE	Contact number: 086 000 2120 (+27 10 597 4701) for members outside the borders of South Africa Facsimile: +27 10 597 4706 email: member@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	Contact number: 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside of the borders of South Africa Facsimile: 086 080 4960 email: medshield@lifesense.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	Contact number: 086 002 7800 (Mon to Fri: 07h30 to 17h00) Facsimile: 086 611 4000/1/2/3 email: care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa email: preauth@medshield.co.za
Hospital Claims	Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa email: hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa email: oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	Contact number: 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa Facsimile: +27 11 782 5601 email: member@isoleso.co.za

COMPLAINTS Escalation Process

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

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

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

MEDSHIELD Banking Details

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

FRAUD

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

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

Addendum A

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

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

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

Addendum B

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;
Tooth Whitening;
Nutritional and tobacco counselling;
Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments;
Fissure sealants on patients 16 years and older.

Fillings/Restorations

Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;

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

Root Canal Therapy and Extractions

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

Plastic Dentures/Snoring Appliances/Mouth guards

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

Partial Metal Frame Dentures

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

Crown and Bridge

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

Implants

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

Orthodontics

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

Periodontics

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

Perio chip placement.

Maxillo-Facial Surgery and Oral Pathology

The auto-transplantation of teeth;

Sinus lift procedures;

The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);

Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic)

Where the reason for admission to hospital is dental fear or anxiety;

Multiple hospital admissions;

Where the only reason for admission to hospital is to acquire a sterile facility;

The cost of dental materials for procedures performed under general anaesthesia.

The Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia:

- Apicectomies;
- Dentectomies;
- Frenectomies;

Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;

Professional oral hygiene procedures;

Implantology and associated surgical procedures;

Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions

Special reports;

Dental testimony, including dentolegal fees;

Behaviour management;

Intramuscular and subcutaneous injections;

Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;

Appointments not kept;

Treatment plan completed (code 8120);

Electrognathographic recordings, pantographic recordings and other such electronic analyses;

Caries susceptibility and microbiological tests;

Pulp tests;

Cost of mineral trioxide;

Enamel microabrasion.

Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;

General anaesthetics, moderate/deep sedation and hospitalisation for dental work, except in the case of patients under the age of 6 years or with bony impaction of the third molars;

All general anaesthetics and moderate/deep sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation

If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable

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

Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;

Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;

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

Infertility

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

Maternity

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

Medicine and Injection Material

Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);

Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis; Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8); Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;

Injection and infusion material, unless PMB and except for out patient parenteral treatment (OPAT) and diabetes;

The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme: Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);

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

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

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

Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).

Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);

Medicines for intestinal flora;

Medicines defined as exclusions by the relevant Managed Healthcare Programme;

Medicines and chemotherapeutic agents not approved by the SAHPRA (South African Health Products Regulatory Authority) unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;

Medicines not authorised by the relevant Managed Healthcare Programme;

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

Slimming preparations for obesity;

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

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

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

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

Breast reduction, benign breast disease;

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

Diagnostic agents, unless authorised and PMB level of care;

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

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

Medicines used specifically to treat 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);

Breast reduction, benign breast disease;

Gender reassignment medical or surgical treatment;

Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);

Obesity - surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);

Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;

Pectus excavatum / carinatum (unless PMB level of care, DSP applies);

Refractive surgery, unless specifically provided for in Annexure B;

Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);

Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);

Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);

All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);

Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);

Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);

Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;

Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;

Prophylactic Mastectomy (unless PMB level of care, DSP applies);

Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;

Balloon sinuplasty.

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;

Autopsies;

Cryo-storage of foetal stemcells and sperm;

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

Travelling expenses & accommodation (unless specifically authorised for an approved event);

Veterinary products;

Purchase of medicines prescribed by a person not legally entitled thereto;

Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.

NOTES

[illegible]

NOTES



Medshield Head Office

288 Kent Avenue, Cnr of Kent Avenue and Harley Street, Ferndale

email: member@medshield.co.za

Postal Address: PO Box 4346, Randburg, 2125

Medshield Regional Offices

BLOEMFONTEIN

Suite 13, Office Park, 149 President Reitz Ave, Westdene

email: medshield.bloem@medshield.co.za

DURBAN

Unit 4A, 95 Umhlanga Rocks Drive, Durban North

email: medshield.durban@medshield.co.za

CAPE TOWN

Podium Level, Block A, The Boulevard, Searle Street,
Woodstock

email: medshield.ct@medshield.co.za

MEDSHIELD CONTACT CENTRE

Contact number: 086 000 2120 (+27 10 597 4701)
for members outside the borders of South Africa.

Facsimile: +27 10 597 4706, **email:** member@medshield.co.za

EAST LONDON

Unit 3, 8 Princes Road, Vincent

email: medshield.el@medshield.co.za

PORT ELIZABETH

Unit 3 (b), The Acres Retail Centre, 20 Nile Road, Perridgevale

email: medshield.pe@medshield.co.za



SCAN QR CODE
TO DOWNLOAD

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.

March 2021.