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MEDSHIELD
medical scheme
Partner for Life

MediPlus

2027 Benefit Guide

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MediPlus Benefit Option

MediPlus provides middle to upper-income families with complete healthcare cover for major medical and daily healthcare needs. Unlimited hospital cover is provided through a choice of two hospital networks, Prime or the value-focused Compact Hospital Network. Daily healthcare expenses are covered through a generous Day-to-Day Limit. Benefits are identical in both categories, Prime and Compact, with care coordination and doctor referral mandated on MediPlus Compact.

This is an overview of the benefit categories on the **MediPlus** option.

- **Major Medical Benefits** (In-Hospital)
- **Out-of-Hospital Benefits**
- **Oncology Benefits**
- **Optical Benefits**
- **Dental Benefits**
- **Ambulance Services**
- **Wellness Benefits**
- **Chronic Medicine**
- **Maternity Benefits**

Monthly Contributions

MEDIPLUS OPTION	PRIME	COMPACT
Principal Member	R5 925	R5 382
Adult Dependant	R4 227	R3 840
***Child**	R1 329	R1 212

**Contribution rate applies to a member's first, second and third biological or legally adopted children. Student dependants are excluded.*
***DEFINITION:** Adult Dependant: A dependant who is 24 years or older, excluding a student up to age of 28 years (as per the Scheme Rules).*
Child Dependant: A dependant under the age of 24 years, including a student (as per the Scheme Rules) under the age of 28, or a dependant or child dependant who is deemed permanently disabled by a medical practitioner due to a mental or physical disability, irrespective of age.

Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
OVERALL ANNUAL LIMIT	• **Unlimited**.	• **Unlimited**.
HOSPITAL NETWORK	• Prime Hospital Network.	• Compact Hospital Network.
HOSPITAL LIMIT	• **Unlimited**.	• **Unlimited**.
HOSPITALISATION Includes accommodation, hospital equipment, theatre costs, theatre and/or ward drugs, pharmaceuticals and/or surgical items. Pre-authorisation is required. *Clinical Protocols apply.*	• **Unlimited**. • Use of the Prime Hospital Network applies.	• **Unlimited**. • Use of the Compact Hospital Network applies.
• **Hospital co-payment for non-network hospital**	• **30% upfront co-payment** for the use of non-network hospital.	• **30% upfront co-payment** for the use of non-network hospital.
SURGICAL PROCEDURES • **As part of an authorised event.**	• **Unlimited**.	• **Unlimited**.
• **Robotic-Assisted Laparoscopic Prostatectomy (RALP)**	• Subject to pre-authorisation and strict protocols covering defined procedures at specific healthcare facilities.	• No Benefit.
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. According to the Maximum Generic Pricing or Medicine Price List and Formularies.	• Up to 7 days' supply, to a maximum of **R700** per beneficiary per admission.	• Up to 7 days' supply, to a maximum of **R700** per beneficiary per admission.
ALTERNATIVES TO HOSPITALISATION Pre-authorisation is required. Treatment only available immediately following an event. Includes Physical Rehabilitation, Sub-Acute Facilities, Nursing Services and Hospice. *Clinical Protocols apply.*	• **R82 000** per family per annum.	• **R82 000** per family per annum.
• **Hospital-at-Home**	• Subject to the Alternatives to Hospitalisation Limit.	• Subject to the Alternatives to Hospitalisation Limit.
• **Terminal Care Benefit** *Clinical Protocols apply.*	• **R57 500** per family per annum. • Subject to the Alternatives to Hospitalisation Limit.	• **R57 500** per family per annum. • Subject to the Alternatives to Hospitalisation Limit.
SPINAL SURGERY Pre-authorisation is required and the relevant Managed Healthcare Programme rules and protocols apply. A General Practitioner referral is required for the DBC Programme. No GP referral will attract a **20% upfront co-payment** on the Compact option only. The use of the Medshield Specialist Network applies from Rand one. **30% upfront co-payment** for the use of a non-network hospital on both Compact and Prime options.	• **Unlimited**, if the Conservative Back & Neck Rehabilitation Programme has been completed. • The Conservative Back and Neck Rehabilitation Programme manage the pre-authorisation, assessment and/or management of treatment in respect of conditions that qualify for reimbursement. • **R5 000 upfront co-payment** applicable if DBC programme is not suitable or there is no reasonable access. • **R20 000 upfront co-payment** applicable if DBC programme is not utilised prior to surgery (except emergencies). • No co-payment if DBC programme completed and surgery required.	• **Unlimited**, if the Conservative Back & Neck Rehabilitation Programme has been completed. • The Conservative Back and Neck Rehabilitation Programme manage the pre-authorisation, assessment and/or management of treatment in respect of conditions that qualify for reimbursement. • **R5 000 upfront co-payment** applicable if DBC programme is not suitable or there is no reasonable access. • **R20 000 upfront co-payment** applicable if DBC programme is not utilised prior to surgery (except emergencies). • No co-payment if DBC programme completed and surgery required.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved and obtained from the DSP Network Provider or Preferred Provider.	• **R12 500** per family per annum.	• **R12 500** per family per annum.
Hiring or buying of Appliances, External Accessories and Orthotics:		
• **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required)	• **R950** per beneficiary per annum. • Subject to the Appliance Limit.	• **R950** per beneficiary per annum. • Subject to the Appliance Limit.
• **Continuous Glucose Monitoring** For beneficiaries up to 18 years old diagnosed with Type 1 Diabetes. Pre-authorisation applies and is subject to enrolment on the Diabetic Disease Management Programme. *Clinical Eligibility and Protocols apply*	• **R26 500** per beneficiary per annum. • Subject to the Appliance Limit and further subject to the Chronic Medicine Limit.	• **R26 500** per beneficiary per annum. • Subject to the Appliance Limit and further subject to the Chronic Medicine Limit.
• **Hearing Aids** (Including repairs) Prior Scheme approval required. A 4-Year Clinical Protocol applies.	• Subject to the Appliance Limit.	• Subject to the Appliance Limit.
• **Wheelchairs** (including repairs) Prior Scheme approval required. A 4-Year Clinical Protocol applies.	• Subject to the Appliance Limit.	• Subject to the Appliance Limit.
• **Stoma Products and Incontinence Sheets related to Stoma Therapy** Pre-authorisation is required.	• **Unlimited** if pre-authorised.	• **Unlimited** if pre-authorised.
• **CPAP Apparatus for Sleep Apnoea** Pre-authorisation is required and services must be obtained from the Preferred Provider. *Clinical Protocols apply.*	• Subject to the Appliance Limit.	• Subject to the Appliance Limit.
OXYGEN THERAPY EQUIPMENT Pre-authorisation is required and services must be obtained from the DSP or Network Provider. *Clinical Protocols apply.*	• **Unlimited.**	• **Unlimited.**
HOME VENTILATORS Pre-authorisation is required and services must be obtained from the DSP or Network Provider. *Clinical Protocols apply.*	• **Unlimited.**	• **Unlimited.**
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Pre-authorisation is required and services must be obtained from the DSP or Network Provider. *Clinical Protocols apply.*	• **Unlimited.**	• **Unlimited.**
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or General Practitioners. Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information.	• **Unlimited.**	• **Unlimited.**
REFRACTIVE SURGERY (Including hospitalisation) Pre-authorisation is required. Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information. *Clinical Protocols apply.*	• **R22 900** per family per annum.	• **R22 900** per family per annum.
SLEEP STUDIES Pre-authorisation is required. Includes: Diagnostic Polysomnograms and CPAP Titration. *Clinical Protocols apply.*	• **Unlimited.**	• **Unlimited.**

Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Pre-authorisation is required. Includes the following: Immuno-Suppressive Medication, Post Transplantation and Biopsies and Scans, Related Radiology and Pathology. *Clinical Protocols apply.*	• **R191 000** per family per annum. • **30% upfront co-payment** for the use of a non-Prime Network Hospital. • Organ harvesting is limited to the Republic of South Africa. • Work-up costs for donor in Solid Organ Transplants included. • No benefit 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.	• **R191 000** per family per annum. **30% upfront co-payment** for the use of a non-Compact Network Hospital. • Organ harvesting is limited to the Republic of South Africa. • Work-up costs for donor in Solid Organ Transplants included. • No benefit 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.
• **Corneal Grafts** (Internationally sourced Cornea).	• **R54 250** per beneficiary.	• **R54 250** per beneficiary.
• **Corneal Grafts** (Locally sourced Cornea).	• **R23 250** per beneficiary.	• **R23 250** per beneficiary.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event and excludes allergy and vitamin D testing. *Clinical Protocols apply.*	• **Unlimited**.	• **Unlimited**.
PHYSIOTHERAPY In-Hospital Physiotherapy requires pre-authorisation. In lieu of hospitalisation also refer to 'Alternatives to Hospitalisation' in this guide.	• **R3 600** per beneficiary per annum. • Thereafter subject to the Day-to-Day Limit unless specifically pre-authorised.	• **R3 600** per beneficiary per annum. • Thereafter subject to the Day-to-Day Limit unless specifically pre-authorised.
PROSTHESIS AND DEVICES INTERNAL Pre-authorisation is required for surgically implanted devices. Preferred Provider Network applies. *Clinical Protocols apply.*	• **R49 000** per family per annum.	• **R49 000** per family per annum.
PROSTHESIS EXTERNAL Pre-authorisation is required. Preferred Provider Network applies. Including Ocular Prosthesis. *Clinical Protocols apply.*	• **R75 000** per family per annum.	• **R75 000** per family per annum.
LONG LEG CALLIPERS Pre-authorisation is required and service must be obtained from the DSP, Network Provider or Preferred Provider.	• Subject to the External Prosthesis Limit.	• Subject to the External Prosthesis Limit.
GENERAL RADIOLOGY As part of an authorised event. *Clinical Protocols apply.*	• **Unlimited**.	• **Unlimited**.
SPECIALISED RADIOLOGY Pre-authorisation is required, and services must be obtained from the DSP or Network Provider. Includes CT Colonography (Virtual Colonoscopy). *Clinical Protocols apply.* **Includes the following:**	• **R18 200** per family per annum, In- and Out-of-Hospital.	• **R18 200** per family per annum, In- and Out-of-Hospital.
• CT scans, MUGA scans, MRI scans, Radio Isotope studies. Specific pre-authorisation is required.	• Subject to the Specialised Radiology Limit.	• Subject to the Specialised Radiology Limit.
• Interventional Radiology replacing Surgical Procedures.	• **Unlimited.**	• **Unlimited.**
CHRONIC RENAL DIALYSIS Pre-authorisation is required, and services must be obtained from the DSP for PMB and PMB level of care. Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology. *Clinical Protocols apply.*	• **R231 500** per family per annum, In- and Out-of-Hospital • **35% upfront co-payment** for the use of a non-DSP.	• **R231 500** per family per annum, In- and Out-of-Hospital • **35% upfront co-payment** for the use of a non-DSP.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information.	• **Unlimited**.	• **Unlimited**.
MENTAL HEALTH Pre-authorisation is required. Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information. Up to a maximum of 3 days if patient is admitted by a General Practitioner.	• **R40 300** per family per annum, In- and Out-of-Hospital. • **30% upfront co-payment** for the use of a non-Network Hospital.	• **R40 300** per family per annum, In- and Out-of-Hospital. • **30% upfront co-payment** for the use of a non-Network Hospital.
• **Rehabilitation for Substance Abuse** 1 rehabilitation programme per beneficiary per annum.	• Limited to and included in the Mental Health Limit.	• Limited to and included in the Mental Health Limit.
• **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	• Limited to and included in the Mental Health Limit.	• Limited to and included in the Mental Health Limit.
HIV & AIDS Pre-authorisation is required and treatment must be obtained from the DSP. **Includes the following:**	• As per Managed Healthcare Protocols.	• As per Managed Healthcare Protocols.
• Anti-retroviral and related medicines. • HIV/AIDS related Pathology and Consultations. • National HIV Counselling and Testing (HCT).	• **30% upfront co-payment** for out-of-formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP.	• **30% upfront co-payment** for out-of-formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP.
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Pre-authorisation is required. Services must be obtained from the DSP and a Medshield Specialist Network provider. See page 17 for more information. *Clinical Protocols apply.*	• Limited to interventions and investigations only. • ***Refer to Addendum A*** for list of procedures and blood tests.	• Limited to interventions and investigations only. • ***Refer to Addendum A*** for list of procedures and blood tests.

Maternity Benefits

Benefits will be offered during pregnancy, at birth and after birth. Pre-authorisation is required.

MEDSHIELD mom

A complimentary Medshield baby bag can be requested during your third trimester. To request your baby bag, email **medshieldmom@medshield.co.za**. One baby bag is available per pregnancy.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
ANTENATAL CONSULTATIONS Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information.	• **12** Antenatal consultations per pregnancy.	• **12** Antenatal consultations per pregnancy.
ANTENATAL CLASSES & POSTNATAL CONSULTATIONS Services performed by a registered Midwife/Nurse.	• **8** Visits per pregnancy.	• **8** Visits per pregnancy.
PREGNANCY RELATED SCANS AND TESTS	• **Two** 2D/3D or 4D scans per pregnancy. • **1** Amniocentesis test or non-invasive pre-natal test (NIPT) per pregnancy.	• **Two** 2D/3D or 4D scans per pregnancy. • **1** Amniocentesis test or non-invasive pre-natal test (NIPT) per pregnancy.

Maternity Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
CONFINEMENT Pre-authorisation is required and services must be obtained from a DSP and relevant Provider Network. Use of the Medshield Specialist Network applies. See page 17 for more information. *Clinical Protocols apply.*		
• **Confinement In-Hospital**	• **Unlimited**, with the use of a Prime Network Hospital. • **30% upfront co-payment** applies for the voluntary use of a non-Network Hospital.	• **Unlimited**, with the use of a Compact Network Hospital. • **30% upfront co-payment** applies for the voluntary use of a non-Network Hospital.
• **Delivery by a General Practitioner or Medical Specialist**	• **Unlimited**.	• **Unlimited**.
• **Confinement in a registered birthing unit or Out-of-Hospital**	• **Unlimited**.	• **Unlimited**.
• **Delivery by a registered Midwife/Nurse**	• Medshield Private Rates up to 200%.	• Medshield Private Rates up to 200%.
• **Hire of water bath and oxygen cylinder**	• **Unlimited**.	• **Unlimited**.
PAEDIATRIC CONSULTATIONS	• **2 visits** per beneficiary under the age of 2 years old. • Thereafter subject to the Day-to-Day Limit.	• **2 visits** per beneficiary under the age of 2 years old. • Thereafter subject to the Day-to-Day Limit.
INFANT HEARING SCREENING	• **1** test per newborn (up to 8 weeks). • Limited and included in the Day-to-Day Limit.	• **1** test per newborn (up to 8 weeks). • Limited and included in the Day-to-Day Limit.

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 60 months.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
ONCOLOGY LIMIT	• **R326 000** per family per annum • The use of a non-DSP will attract a **40% upfront co-payment**.	• **R326 000** per family per annum • The use of a non-DSP will attract a **40% upfront co-payment**.
• **Active Treatment** (Chemotherapy and Radiotherapy)	• Subject to the Oncology Limit. • ICON **Core** Protocols apply.	• Subject to the Oncology Limit. • ICON **Core** Protocols apply.
• **Oncology Medicine**	• Subject to the Oncology Limit. • ICON **Core** Protocols apply.	• Subject to the Oncology Limit. • ICON **Core** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	• Subject to the Oncology Limit.	• Subject to the Oncology Limit.
• **PET and PET-CT SCANS**	• **1 scan** per family per annum. • Subject to the Oncology Limit • **25% upfront co-payment** for the use of a non-DSP.	• **1 scan** per family per annum. • Subject to the Oncology Limit • **25% upfront co-payment** for the use of a non-DSP.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	• **6** visits per family per annum. • Subject to the Oncology Limit.	• **6** visits per family per annum. • Subject to the Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Pre-authorisation is required.	• **R152 000** per family per annum. • Included in the Oncology Limit.	• **R152 000** per family per annum. • Included in the Oncology Limit.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
• **Vitreoretinal Benefit** Pre-authorisation is required for Vitreous and Retinal disorders. *Clinical Protocols apply.*	• Subject to the Specialised Drugs Limit.	• Subject to the Specialised Drugs Limit.
BREAST RECONSTRUCTION (Following an Oncology event) Pre-authorisation is required and services must be obtained from DSP or Network Provider. Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information. Post Mastectomy (including all stages, prosthesis and all costs for the affected side). *Clinical Protocols apply.*	• **R105 000** per family per annum. • Prosthesis Limit, as stated under Prosthesis, is not applicable for Breast Reconstruction.	• **R105 000** per family per annum. • Prosthesis Limit, as stated under Prosthesis, is not applicable for Breast Reconstruction.

Chronic Medicine Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
PHARMACY NETWORK	• Medshield Pharmacy Network.	• Clicks, Clicks Retail and Dis-Chem Pharmacies.
CHRONIC MEDICINE Registration and authorisation on the Chronic Medicine Management programme applies. The use of a Medshield Pharmacy Network Provider is applicable from Rand one. Supply of medication is limited to one month in advance.	• **R9 075** per beneficiary per annum. • Limited to **R18 150** per family per annum. • Basic Formulary within and above limits is applicable. • **20% upfront co-payment** for the use of out-of-formulary medicine and/or for using a non-DSP. • Covers medicine for all 26 PMB CDL's and an additional list of 14 conditions.	• **R9 075** per beneficiary per annum. • Limited to **R18 150** per family per annum. • Basic Formulary within and above limits is applicable. • **20% upfront co-payment** for the use of out-of-formulary medicine and/or for using a non-DSP. • Covers medicine for all 26 PMB CDL's and an additional list of 14 conditions.

MEDIPLUS CHRONIC DISEASE LIST

Addison's Disease
Asthma
Bi-Polar Mood Disorder
Bronchiectasis
Cardiac failure
Cardiomyopathy
Chronic renal disease
Chronic obstructive pulmonary disease
Coronary artery disease
Crohn's disease
Diabetes insipidus
Diabetes mellitus type 1
Diabetes mellitus type 2
Dysrhythmias
Epilepsy
Glaucoma
Haemophilia
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple sclerosis
Parkinson's disease
Rheumatoid arthritis
Schizophrenia
Systemic lupus erythematosus
Ulcerative colitis
Acne
Allergic Rhinitis
Anorexia Nervosa
Attention Deficit Disorder
Bulimia
Depression
Dermatitis
Gastro-Oesophageal Reflux Disease
Generalised Anxiety Disorder
Gout / Hyperuricaemia
Obsessive Compulsive Disorder
Panic Disorder
Post-Traumatic Stress Disorder
Tourette's Syndrome

Dentistry Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
BASIC DENTISTRY • **In-Hospital** (only for beneficiaries under the age of 6 years old). Pre-authorisation is required. Failure to obtain an authorisation prior to treatment will attract a **20% penalty**. Medshield Dental Network and Dental Protocols apply.	• **Unlimited.**	• **Unlimited.**

Dentistry Benefits

BENEFIT CATEGORY	**PRIME** Benefit Limit/Comments	**COMPACT** Benefit Limit/Comments
• **Out-of-Hospital** Medshield Dental Network and Dental Protocols apply. Plastic dentures require pre-authorisation. Failure to obtain pre-authorisation will attract a **20% penalty**.	• **Unlimited.**	• **Unlimited.**
SPECIALISED DENTISTRY Pre-authorisation is required for all services stated below. Failure to obtain an authorisation prior to treatment will attract a **20% penalty.** Medshield Dental Network and Dental Protocols apply.	• **R16 850** per family per annum.	• **R16 850** per family per annum.
• **Impacted Teeth, Wisdom Teeth and Apicectomy** – Hospitalisation, general anaesthetics or conscious analgo sedation only for bony impactions. – Out-of-Hospital apicectomy of any permanent teeth only covered in Practitioners' rooms. Pre-authorisation is required. – Pre-authorisation is required for general anaesthetic and conscious analgo sedation, In- and Out-of-Hospital. – No authorisation required for apicectomy, removal of impacted teeth or wisdom teeth if done under local anaesthetics analgo sedation, Out-of-Hospital.	• Subject to the Specialised Dentistry Limit. • **R800 upfront co-payment** applies for wisdom teeth extraction performed in a Day Clinic. • **R3 500 upfront co-payment** applies if the procedure is done In-Hospital.	• Subject to the Specialised Dentistry Limit. • **R800 upfront co-payment** applies for wisdom teeth extraction performed in a Day Clinic. • **R3 500 upfront co-payment** applies if the procedure is done In-Hospital.
• **Dental Implants** Includes all services related to Implants. Pre-authorisation is required. Medshield Dental Network and Dental Protocols apply.	• Subject to the Specialised Dentistry Limit.	• Subject to the Specialised Dentistry Limit.
• **Orthodontic Treatment** Pre-authorisation is required. Medshield Dental Network and Dental Protocols apply.	• Subject to the Specialised Dentistry Limit.	• Subject to the Specialised Dentistry Limit.
• **Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics** Consultations, Visits and Treatment for all such dentistry including the Technicians' fees. Pre-authorisation is required. Medshield Dental Network and Dental Protocols apply.	• Subject to the Specialised Dentistry Limit.	• Subject to the Specialised Dentistry Limit.
MAXILLO-FACIAL AND ORAL SURGERY Pre-authorisation is required. Non-elective surgery only. Medshield Dental Network and Dental Protocols apply.	• **R22 900** per family per annum.	• **R22 900** per family per annum.

SmartCare Benefits

BENEFIT CATEGORY	**PRIME** Benefit Limit/Comments	**COMPACT** Benefit Limit/Comments
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network is compulsory from Rand one.	• **Unlimited.**	• **Unlimited.**
MENTAL HEALTH SUPPORT CONSULTATIONS Conducted by a private nurse practitioner and includes an assessment, guidance and appropriate intervention. Use of the Mental Health Support DSP applies.	• **Unlimited.**	• **Unlimited.**
NURSE-LED VIRTUAL GENERAL PRACTITIONER (GP) CONSULTATIONS Subject to the use of the SmartCare General Practitioner (GP) Network.	• **1 visit** per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.	• **1 visit** per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.

Out-of-Hospital Benefits

This benefit covers everyday medical expenses outside of hospital, including GP and Specialist consultations and acute medication, paid from your Day-to-Day Limit.

Payment of PMB Treatment
The Day-to-Day Limit is an allocation given to members from Risk. Therefore a PMB (Out-of-Hospital) will pay from your Day-to-Day Limit and accumulate to the Care Plan until your benefits are depleted, then pay from Risk until the allocated services on your Care Plan has been used. If you require additional services that is not listed on the Care Plan you, together with your treating provider, need to complete a new PMB Application form. (Clinical Protocols apply).

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
DAY-TO-DAY LIMIT	• M = **R12 480** • M+1 = **R17 200** • M+2 = **R19 350** • M+3 = **R21 100** • M4+ = **R22 850**	• M = **R12 480** • M+1 = **R17 200** • M+2 = **R19 350** • M+3 = **R21 100** • M4+ = **R22 850**
GENERAL PRACTITIONER (GP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL In-person visits only. The relevant GP Network must be used.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit. • Compulsory use of a GP in the GP Network.
VIRTUAL CARE: GENERAL PRACTITIONERS (GP) AND SPECIALIST CONSULTATIONS Virtual or telephonic consultations to a Network GP.	• **5 consultations** per family, thereafter subject to the Day-to-Day Limit.	• **5 consultations** per family, thereafter subject to the Day-to-Day Limit. • Use of a Network GP applies.
ADDITIONAL GENERAL PRACTITIONERS (GP) CONSULTATIONS AND VISITS Only when your Day-to-Day Limit is exhausted. Service must be obtained from a GP in the Medshield GP Network.	• **2 visits** per beneficiary.	• **2 visits** per beneficiary.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted a Network GP.		• **2 visits** per family per annum, limited and included in the Day-to-Day Limit. • Thereafter a **40% upfront co-payment** will apply.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information.	• **2 visits** per family limited to and included in the Overall Annual Limit. • Thereafter limited to the Day-to-Day Limit.	• **2 visits** per family. • Limited to and included in the Overall Annual Limit. • Thereafter limited to the Day-to-Day Limit. • A referral from a GP must be obtained and authorised before consulting a Specialist provider. • No GP referral to a Specialist provider will attract a **20% upfront co-payment**.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 48 hours, benefit will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	• Facility fees for **2** visits per family, thereafter subject to the Day-to-Day Limit, unless PMB. • Consultations are subject to the Day-to-Day Limit.	• Facility fees for **2** visits per family, thereafter subject to the Day-to-Day Limit, unless PMB. • Consultations are subject to the Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL • **Acute medicine** Medshield medicine pricing and formularies and the relevant Pharmacy Network applies.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.
• **Pharmacy Advised Therapy** Schedules 0, 1 and 2 medicine dispensed by a Pharmacist over the counter. Medshield Formularies apply.	• Subject to the Day-to-Day Limit. • **R1 000** per script. • **1 script** per beneficiary per day.	• Subject to the Day-to-Day Limit • **R1 000** per script. • **1 script** per beneficiary per day.

Out-of-Hospital Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
OPTICAL LIMIT (24 Month Optical Service Date Cycle) Optometry Programme and Protocols, and Optical Network applies.	• **R5 700** per beneficiary per 24 month Optical Service Date Cycle.	• **R5 700** per beneficiary per 24 month Optical Service Date Cycle.
• **Optometric refraction** (eye test)	• **1 test** per beneficiary per annum.	• **1 test** per beneficiary per annum.
• **Spectacle Lenses or Contact Lenses** Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses.	• **1 pair** of Optical Lenses or Contact Lenses per beneficiary, every 24 months. • Subject to the Optical Limit.	• **1 pair** of Optical Lenses or Contact Lenses per beneficiary, every 24 months. • Subject to the Optical Limit.
• **Frames**	• **R2 900** per beneficiary included in the Optical Limit.	• **R2 900** per beneficiary included in the Optical Limit.
• **Readers** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a Registered Pharmacy.	• **R220** per beneficiary per annum.	• **R220** per beneficiary per annum.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Protocols.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS Includes sports and non-sports related injuries.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.
GENERAL RADIOLOGY Subject to the relevant Radiology Protocols.	• Subject to the Day-to-Day Limit. • **1 Bone Densitometry scan** per beneficiary per annum, In- or Out-of-Hospital.	• Subject to the Day-to-Day Limit. • **1 Bone Densitometry scan** per beneficiary per annum, In- or Out-of-Hospital.
SPECIALISED RADIOLOGY Pre-authorisation is required. Includes CT scans, MUGA scans, Radio Isotope studies, CT Colonography, Interventional Radiology.	• **R18 200** per family per annum, In- and Out-of-Hospital.	• **R18 200** per family per annum, In- and Out-of-Hospital.
NON-SURGICAL PROCEDURES AND TESTS Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.
• **Non-surgical Procedures and Tests in Practitioners' rooms** ***Refer to Addendum B*** for the list of services.	• **Unlimited**.	• **Unlimited**.
• **Routine Diagnostic Endoscopic Procedures in Practitioners' rooms** ***Refer to Addendum B*** for the list of services.	• **Unlimited**, if procedure is done in the practitioner's rooms. • **R1 500** upfront co-payment if procedure done In-Hospital. • No co-payment applicable In-Hospital for children 8 years and younger.	• **Unlimited**, if procedure is done in the practitioner's rooms. • **R1 500** upfront co-payment if procedure done In-Hospital. • No co-payment applicable In-Hospital for children 8 years and younger.
MENTAL HEALTH Includes Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information.	• **Limited** and included in the Mental Health Limit of **R40 300** per family per annum, In-and Out-of-Hospital.	• **Limited** and included in the Mental Health Limit of **R40 300** per family per annum, In-and Out-of-Hospital.
MENTAL HEALTH SUPPORT CONSULTATIONS Conducted by a private nurse practitioner and includes an assessment, guidance and appropriate intervention. Use of the Mental Health Support DSP applies.	• **Unlimited** and included in the SmartCare Benefit.	• **Unlimited** and included in the SmartCare Benefit.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
INTRAUTERINE DEVICES AND ALTERNATIVES Procedure to be performed in Practitioners' rooms. Includes consultation, pelvic ultrasound, sterile tray, device and insertion thereof. Services must be obtained from a Medshield Specialist Network provider. See page 17 for more information. Only applicable if no contraceptive medication is used. On application only and pre-authorisation applies. *Clinical Protocols apply.*	• **1 per female** beneficiary. • Includes all IUD brands. Generic pricing applies. • **Avibela/Mirena/Kyleena device: 1 per female** beneficiary every 5 years. • **Implanon: 1 per female** beneficiary every 3 years. • **Nova T/Copper device: 1 per female** beneficiary every 2 years.	• **1 per female** beneficiary. • Includes all IUD brands. Generic pricing applies. • **Avibela/Mirena/Kyleena device: 1 per female** beneficiary every 5 years. • **Implanon: 1 per female** beneficiary every 3 years. • **Nova T/Copper device: 1 per female** beneficiary every 2 years.
ADDITIONAL MEDICAL SERVICES Includes Audiology, Dietetics, Genetic Counselling, Hearing Aid Acoustics, Occupational Therapy, Orthoptics, Podiatry, Speech Therapy and Private Nurse Practitioners. Pre-authorisation is required for In-Hospital Dietetics referral.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.
ALTERNATIVE HEALTHCARE SERVICES Only for registered Acupuncturists, Homeopaths, Naturopaths, Osteopaths and Phytotherapists.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.

Wellness Benefits

Wellness Benefits are subject to the use of the relevant Pharmacy Network. Unless otherwise specified benefits are subject to the Overall Annual Limit, thereafter subject to the Day-to-Day Limit, and exclude consultations for the following services:

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
ADULT VACCINATION	• **R550** per family per annum. • Thereafter payable from the Day-to-Day Limit.
BONE DENSITY (for Osteoporosis and bone fragmentation)	• **1 per beneficiary** aged 50 years and older. • Every 3 years.
DIABETIC AI RETINAL SCREENING Pre-authorisation applies and is subject to enrolment on the Diabetes Disease Management Programme. *Clinical Protocols apply.*	• **R250** per beneficiary per annum. • For beneficiaries aged 40 years and older diagnosed with Type 1 or Type 2 Diabetes.
FLU VACCINATION	• **1 per beneficiary** aged 18 years and older, per annum.
HEALTH RISK ASSESSMENT Pharmacy or General Practitioner. Includes the following tests: Cholesterol, Blood Glucose, Blood Pressure, Body Mass Index (BMI).	• **1 per beneficiary** aged 18 years and older, per annum.
NATIONAL HIV COUNSELLING TESTING (HCT)	• PMB and PMB level of care.
PNEUMOCOCCAL VACCINATION	• **2 vaccinations** per lifetime for high-risk individuals and beneficiaries aged 60 years and older.
TB TEST	• **1 test** per beneficiary, per annum. • Thereafter subject to the Day-to-Day Limit.
WOMEN'S HEALTH	
BIRTH CONTROL (Contraceptive Medication) Only applicable if no intrauterine devices and alternatives are used.	• **R3 185** per annum per female beneficiary aged 14-55 years, with a script limit of **R245**. • Covers a 1-month supply and 13 scripts per annum.

HPV VACCINATION (Human Papillomavirus) Cervarix or Gardasil.	• **1 course of 2 injections** per female beneficiary aged 9-18 years.
MAMMOGRAM (Breast Screening)	• **1 per female** beneficiary aged 30 years and older, per annum.
PAP SMEAR (excludes consultation fee)	• **1 per female** beneficiary, per annum.
MEN'S HEALTH	
PSA SCREENING (Prostate specific antigen)	• **1 test** per male beneficiary aged 40 years and older, per annum, • Thereafter subject to the Day-to-Day Limit.
CHILDREN'S HEALTH	
CHILDHOOD VACCINATIONS Vaccination programme as per the Department of Health protocol and specific age groups.	• Included in the Overall Annual Limit.
At Birth	BCG -Bacillus Calmette Guerin Vaccine; OPV (0) - Oral Polio Vaccine; HBV (0) - Hepatitis B vaccine (specific neonates)*
At 6 Weeks	OPV (1) - Oral Polio Vaccine; RV (1) - Rotavirus Vaccine*; DTaP-IPV-Hib_HBV (1) - Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Haemaphilus Influenzae type b and Hepatitis B Conjugate (Combined Vaccine); PCV (1) - Pneumococcal Conjugate Vaccine.
At 10 Weeks	DTaP-IPV-Hib_HBV (2) - Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Haemaphilus Influenzae type b and Hepatitis B Conjugate (Combined Vaccine).
At 14 Weeks	RV (2) - Rotavirus Vaccine*; DTaP-IPV-Hib_HBV (3) - Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Haemaphilus Influenzae type b and Hepatitis B Conjugate (Combined Vaccine); PCV (2) - Pneumococcal Conjugate Vaccine.
At 6 Months	MR (1) - Measles and Rubella (Combined Vaccine)*
At 9 Months	PCV (3) - Pneumococcal Conjugate Vaccine.
At 12 Months	MR (2) - Measles and Rubella (Combined Vaccine)*
At 15 Months	Chickenpox.
At 18 Months	DTaP-IPV-Hib_HBV (4) - Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Haemaphilus Influenzae type b and Hepatitis B Conjugate (Combined Vaccine).
At 6 Years	Tdap (1) - Tetanus, reduced strength of Diphtheria and Acellular Pertussis Vaccine; Chickenpox.
At 9-18 Years (Girls only)	Human Papilloma Virus (HPV). Cervarix or Gardasil.
At 12 Years	Tdap (2), Tetanus, reduced strength of Diphtheria and Acellular Pertussis Vaccine.

***NOTES:**
- Hepatitis B (0) Vaccine (birth dose) - Given ONLY to infants whose mothers tested POSITIVE for HBsAg during pregnancy.
- Rotavirus Vaccine - DO NOT administer after 24 weeks.
- Measles and Rubella Vaccine at 6 months to LESS than 9 months. DO NOT administer with any other vaccine.
- Measles and Rubella Vaccine at 9 months and above. Can be administered with any other vaccine.
- Human Papilloma Virus Vaccine. Female beneficiaries aged 9-18 years (Cervarix or Gardasil).

Ambulance Services: 24 Hour Hotline: 086 100 6337

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
EMERGENCY MEDICAL SERVICES Pre-authorisation from the Emergency Services Provider is required. **Including the following:** • 24 Hours access to Emergency Operation Centre. • Transfer from scene to the most appropriate facility for stabilisation and definitive care. • Medically justified transfers to special care centres or inter-facility transfers. • Telephone Medical Advice. *Clinical Protocols apply.*	• **Unlimited**. • Scheme approval required for Air Evacuation.	• **Unlimited**. • Scheme approval required for Air Evacuation.

The Application of Co-payments

Specialist consultations and treatment - No GP referral obtained (Compact only)	**20% upfront co-payment**
Paediatric consultations (over the age of 2 years old) - No GP referral obtained (Compact only)	**20% upfront co-payment**
Voluntarily obtained out of formulary medication	**20% upfront co-payment**
Voluntary use of a non-DSP for Chronic Medication	**20% upfront co-payment**
Voluntary use of a non-DSP for PET Scans	**25% upfront co-payment**
Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable)	**30% upfront co-payment**
Voluntary use of a non-Medshield Network Hospital - Mental Health	**30% upfront co-payment**
Voluntary use of a non-Medshield Network Specialist	**30% upfront co-payment**
Voluntary use of a non-DSP for HIV & AIDS related medication	**30% upfront co-payment**
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	**35% upfront co-payment**
Voluntary use of a non-ICON provider - Oncology	**40% upfront co-payment**

In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB	
Wisdom Teeth extraction in a Day Clinic	**R800 upfront co-payment**
Endoscopic procedures (refer to Addendum B*)	**R1 500 upfront co-payment**
Functional Nasal surgery	**R1 500 upfront co-payment**
Hernia Repair (except in infants)	**R3 000 upfront co-payment**
Laparoscopic procedures	**R3 500 upfront co-payment**
Arthroscopic procedures	**R3 500 upfront co-payment**
Impacted Teeth, Wisdom Teeth and Apicectomy	**R3 500 upfront co-payment**
Nissen Fundoplication	**R5 000 upfront co-payment**
Hysterectomy	**R5 000 upfront co-payment**
Back and Neck surgery (Spinal) if DBC programme is not suitable or there is no reasonable access	**R5 000 upfront co-payment**
Spinal Surgery if DBC Programme is not utilised prior to surgery	**R20 000 upfront co-payment**

Please note: Failure to obtain an authorisation prior to hospital admission or surgery and/or treatment (except for an emergency), will attract a 20% penalty, in addition to the above co-payments.
**No In-Hospital Endoscopic procedural co-payment applicable for children 8 years and younger.*

Specialised Care with the Medshield Specialist Network

The Medshield Specialist Network gives you access to a range of Specialists across different medical disciplines when you need specialist medical care. The Network applies to In-Hospital and Out-of-Hospital visits and procedures for both PMB and non-PMB conditions.
By using a Network Specialist, you can benefit from negotiated rates, helping you make the most of your available benefits.

A RANGE OF SPECIALISTS
Selected Specialists across different disciplines.

IN & OUT OF HOSPITAL
Applies to visits and procedures.

NEGOTIATED RATES
Use a Network Specialist to benefit from negotiated Scheme rates and make the most of your benefits.

WHAT YOU NEED TO KNOW
Below is a list of the Specialist disciplines included in the Network, as well as the requirements to follow when using In-Hospital or Out-of-Hospital Specialist services.

IN-HOSPITAL

When you receive Specialist services as part of a hospital admission, pre-authorisation is required. To benefit from negotiated Scheme rates, you must use a Specialist in the designated Network. Cover is subject to your specified benefit limit and entitlement.

SPECIALIST NETWORK DISCIPLINES

The Medshield Specialist Network includes the following disciplines:

- Anaesthetics
- Cardiology
- Dermatology
- Emergency Medicine
- Gastroenterology
- General Surgery
- Gynaecology
- Maxillo-facial and Oral Surgery
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopaedic Surgery
- Otorhinolaryngology (ENT)
- Paediatric Cardiology
- Paediatric Surgery
- Paediatrics
- Plastic and Reconstructive Surgery
- Psychiatry
- Pulmonology
- Rheumatology
- Specialist Medicine
- Thoracic Surgery
- Urology

OUT-OF-HOSPITAL

GP REFERRAL FOR SPECIALIST CARE (COMPACT ONLY)

A referral from your Network GP ensures that all healthcare providers are aligned and supports coordinated, continuous care. Before consulting a Specialist Network provider, you must obtain a referral from your GP and ensure that the referral has been authorised.

Please note:
* No referral: **20% upfront co-payment** applies.
* Non-Network Specialist: **30% upfront co-payment** applies (**Prime and Compact**)

REFERRAL NOT REQUIRED FOR:

1. Consultations and treatment covered by an existing Care Plan for Chronic Disease List (CDL) or Diagnostic Treatment Pairs (DTP)
2. One maternity consultation per confirmed pregnancy
3. One gynaecologist consultation per female beneficiary
4. Specified in-Doctors' rooms procedures and scopes
5. Consultations with Oncologists and Haematologists
6. Acute and Chronic Renal Dialysis
7. Virtual and telephonic consultations
8. Paediatrician visits for children under 2 years
9. Ophthalmologists
10. Specialist to Specialist
11. Psychologist to Psychiatrist

REMEMBER
Follow the requirements to ensure your Specialist claims are paid correctly according to your benefit option.

Medshield Contact Details and Service Channels

As your Partner For Life, Medshield makes it easy to access the support you need.
Choose from convenient self-service, digital and virtual solutions, or connect with us in person for personalised assistance.

Virtual Meeting Requests

Send a request to **letsmeet@medshield.co.za** with your preferred date and time for an appointment. Our team will contact you to confirm the appointment.

Working Hours: Mon - Fri 8am - 4pm

Medshield App

Download the Medshield Member App from the iOS (Apple) and Android stores.

Working Hours: 24/7

WhatsApp Channel

Members can choose from self-service membership specific information or live chat to our team: Save **+27 60 042 7274** and message "**Hi**" to start engaging with us.

Live Chat: Mon - Fri 8am - 8pm;
Sat and Sun 8am - 1pm.
Self-Service: 24/7.

Website Login Zone

Members can register on the Medshield Website Login Zone via **www.medshield.co.za**.
Click '**log in**' on the home page and follow the prompts.

Working Hours: 24/7

The Medshield SMS Benefit Check

SMS the word **BENEFIT** to **43131**

Working Hours: 24/7

Medshield Contact Centre

Our agents are available to assist with any queries or questions on **086 000 2120**.

Working Hours: Mon - Thurs 8am - 4:30pm
Fri 9am - 4:30pm

Medshield Regional Offices and Walk-In Centres

Medshield Head Office

5th - 7th Floor, 192 Bram Fischer Drive (Entrance on Sneddon Street), Ferndale, Randburg, 2196
member@medshield.co.za
PO Box 4346, Randburg, 2125

Working Hours: Mon - Fri 8am - 4pm

Burgersfort

Shop UG01A, Tubatse Crossing,
Cnr R37 & R555 Intersection,
Burgersfort Ext 30, Burgersfort
medshield.burgersfort@medshield.co.za

Working Hours: Mon - Fri 9am - 4pm
Sat 9am - 2pm

Cape Town

Tygervalley Office Park, Building 1,
2nd Floor, Cnr Willie van Schoor
and Old Oak Rd, Tygervalley, Bellville
Medshield.ct@medshield.co.za

Working Hours: Mon - Fri 8am - 4pm

Durban

Suite 104 Medstone Medical Centre,
19 High St, 1D Umhlanga Ridge
Boulevard, Umhlanga
Medshield.durban@medshield.co.za

Working Hours: Mon - Fri 8am - 4pm

KuGompo City (EL)

Unit 3, 8 Princes Rd, Vincent,
East London
Medshield.el@medshield.co.za

Working Hours: Mon - Fri 8am - 4pm

Gqeberha (PE)

Unit 3(B), The Acres Retail Centre,
20 Nile Rd, Perridgevale, Gqeberha
Medshield.pe@medshield.co.za

Working Hours: Mon - Fri 8am - 4pm

Need Help?

Not sure what channel to use? **Start with our Contact Centre**

086 000 2120 | WhatsApp: 060 042 7274

MEDSHIELD medical scheme *Partner for Life*

Additional Client Service Centres

For convenient, personalised assistance, visit one of the following Medscheme Client Service Centres.

- **Bloemfontein**
  Medical Suites 4 and 5, 1st Floor,
  Middestad Centre, Cnr Charles & West Burger St
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Cape Town**
  Shop 6, 9 Long Street, Cnr Long and Waterkant St
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Durban**
  14/36 Silverton Rd, Silver Oaks Office Park, Musgrave
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **East London**
  Unit 5, 8 Balfour Rd, Vincent
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Gqeberha** (PE)
  Block 3, Greenacres Office Park, 2nd Ave, Newton Park
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Johannesburg**
  Mathomo Mall, 115 Main St, Marshalltown
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Kathu**
  Kameeldoring Plein Building, Shop 18D;
  Cnr Frikkie Meyer and Rooisand Rd; Kameeldoring Plein
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Kimberley**
  Shop 76, North Cape Mall, Memorial Rd, Royldene,
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Klerksdorp**
  48 Buffelsdoorn Rd, Buffelspark Office Complex
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Lephalale**
  Lephalale Mall, Shop 50A, Lephalale Extension 16, Cnr
  Chris Hani Ave and Nelson Mandela Dr
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Mafikeng**
  Shop 118, Ground Floor, East Gallery, Mega City
  Mon - Thurs: 8am - 5pm; **Fri:** 9am - 5pm
  Sat: 8am – 12pm

- **Mbombela** (Nelspruit)
  City Centre, Shop 11, Cnr Andrews St and Madiba Dr
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Pietermaritzburg**
  Shop 32B, Park Lane Shopping Centre;
  12 Chief Albert Luthuli St
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Polokwane**
  Checkers Centre, Shop 3, Ground Floor, 51 Biccard St
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Pretoria**
  Nedbank Plaza, Shop 17, Ground Floor,
  175 Steve Biko St, Arcadia
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Roodepoort Walk-In Centre**
  Valley View Office Park, 680 Joseph Lister St, Constantia
  Kloof
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Rustenburg**
  Shop 23, Lifestyle Square, Beyers Naude Dr
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Vereeniging**
  32 Grey Ave
  Mon - Thurs: 7.30am - 5pm;
  Fri: 9am - 5pm; **Sat:** 8am - 12pm

- **Worcester**
  45 Church St
  Mon - Thurs: 7.30am - 5pm; **Fri:** 9am - 5pm;
  Sat: 8am - 12pm

Need Help?

Not sure what channel to use? **Start with our Contact Centre**

086 000 2120 | WhatsApp: 060 042 7274

MEDSHIELD medical scheme
Partner for Life

How to Access Hospital and Network Providers for my benefit option

Medshield's Healthcare Provider Networks are easily accessible on the Medshield website and the Mobile app.

1 VISIT THE MEDSHIELD WEBSITE

OPEN the Medshield website home page. Then, click the '**MENU**' dropdown and select '**MEDSHIELD NETWORKS**' on the Member tab.

2 SELECT YOUR BENEFIT OPTION

On the '**MEDSHIELD NETWORKS**' page, navigate to and click on your benefit option, e.g. MediValue.

3 USE THE SMART SEARCH GEO LOCATOR

Under your selected benefit option, click on your preferred network, e.g. Prime Hospital Network.

The **GEO LOCATOR MAP** and **SEARCH FUNCTIONALITY** will open. You can use this search functionality to find a network provider by practice number, name, province or city.

LOG IN TO YOUR MEDSHIELD MEMBER APP

OPEN the Medshield App and click on the '**MEMBER TOOLS**' tab at the bottom of the screen.

LOCATE NETWORK PROVIDER BUTTON

Click on the '**LOCATE NETWORK PROVIDER**' button. You will be directed to the smart search geo locator on the Medshield website.

Keep a copy offline: Export the full Medshield Network Provider list for your plan to Excel.

Ensure that your healthcare provider is part of your Benefit Option/Plan's relevant Network to minimise out-of-pocket expenses or co-payments.

How to Obtain a Hospital Pre-authorisation

Hospital pre-authorisation is an essential process that ensures cover for your hospital stay, treatment, or surgery.

1 Is your hospital on the Medshield Network?

Confirm that your hospital is in the Medshield Network for your benefit option.

- 086 000 2121
- Go to **www.medshield.co.za** > Select **MENU** > Select **Medshield Networks**

2 Gather all required information

- Membership number
- Patient name and date of birth, and contact details
- Reason for admission, ICD-10 and tariff codes (from your doctor)
- Date and time of procedure
- Admitting doctor and hospital details
- Estimated length of stay

3 Send an email for authorisation

Once you have all the information, contact the **Medshield Hospital Benefit Management** team:

- 086 000 2121 or +27 11 671 2011
- preauth@medshield.co.za

ADDITIONAL SERVICES REQUIRE SEPARATE APPROVAL

Ensure you understand the terms of your pre-authorisation, including which services and procedures are covered. A separate pre-authorisation is required if these services change. This includes longer stays, physiotherapy, dietician, prosthetics, and MRI/CT scans.

WHAT IF YOUR ADMISSION PLANS CHANGE?

You must contact Medshield to update the authorisation. This includes if your admission is postponed, cancelled or if you are readmitted.

EMERGENCY ADMISSION?

Contact Medshield to authorise within 48 hours. Late requests may attract a co-payment or not be covered at all.

Following these steps ensure that your hospital admission goes smoothly and that the approved expenses are covered.

How to Register for Chronic Medicine (CDL)

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

1 YOUR DOCTOR OR PHARMACIST SUBMITS REQUEST

Your doctor or pharmacist contacts Mediscor (Medshield's Pharmacy Benefit Management Partner) on **086 000 2120** or **medshieldauths@mediscor.co.za**.

Provide the following information to process your registration:

- **Membership**: Benefit option name and membership number
- **Patient**: Name, dependant code and date of birth
- **Doctor**: Initials, surname and practice number
- **Diagnosis:** Condition and the ICD-10 code
- **Presribed Medicine:** Name, strength and dosing frequency

2 YOUR REGISTRATION REQUEST IS EVALUATED

Our qualified pharmacists check your application against Scheme Rules and the formulary that applies to your condition and benefit option.

3 YOUR MEDICINE IS AUTHORISED

Once your application is processed, you will receive a medicine authorisation and treatment letter. If you are asked to supply test results or a motivation, ask your doctor to provide this information.

4 COLLECT YOUR CHRONIC MEDICINE

With your authorisation approved, take your script to the Chronic Medicine Designated Service Provider (DSP) pharmacy in your plan's network. Collect your medicine or have it delivered. Using a pharmacy outside the network means you'll pay a co-payment.

DON'T FORGET

Check the formulary first.
Confirm your medicine is covered for your benefit option at mediscor.co.za/search-client-medicine-formulary. If not, ask your doctor for an alternative to avoid an upfront co-payment.

Find your network pharmacy.
Not sure which provider to use? Go to medshield.co.za, open MENU, then MEDSHIELD NETWORKS.

Chronic Medicine Authorisation Contact Centre hours:
Mondays to Fridays: 07:30 to 17:00

How to Register on the DTP PMB Chronic Care Programme

Accessing chronic treatment through the DTP PMB (Designated Treatment Pair Prescribed Minimum Benefits) programme requires collaboration between members and healthcare providers. Below is a simple step-by-step process to guide you through the registration.

1 Confirm your diagnosis

Book an appointment with your doctor to confirm your diagnosis and discuss treatment options.

2 Complete the application form

Only your treating doctor can fill in the DTP PMB application form.

Go to www.medshield.co.za > Select MENU > Select SCHEME FORMS FOR MEMBERS

3 Submit application to Mediscor

Your doctor must submit the completed form to Mediscor.

medshieldapmb@mediscor.co.za

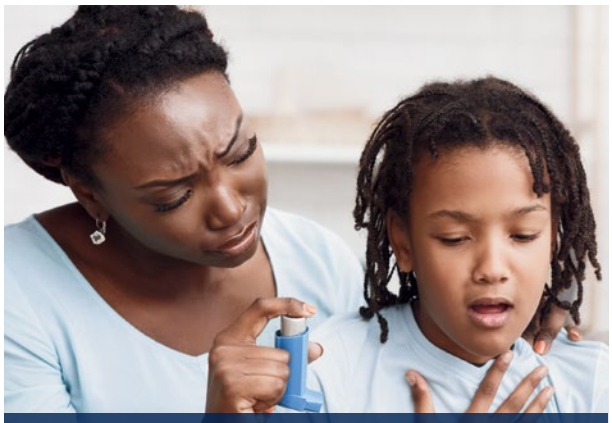
4 Mediscor reviews your application and shares the outcome

Mediscor will issue the following to you and your doctor:

Approved: A confirmation DTP PMB letter and a treatment care plan

Denied: Detailed feedback explaining the decision

Annual renewal
Your access to the DTP PMB Programme requires annual registration to maintain access to the treatments.



UNDERSTANDING THE MEDISCOR PROCESS

Mediscor receives the completed application form and starts reviewing it. They will advise if anything is missing or unclear.

MEDISCOR DECIDES WHICH PROGRAMME FITS

Not all chronic conditions are covered the same way. Mediscor checks your diagnosis against both chronic care programmes to see which one applies to you: DTP PMB, or the Chronic Disease List (CDL).

IF YOUR CONDITION FALLS UNDER CDL INSTEAD

This is not a rejection. It simply means your treatment is covered under the CDL programme rather than DTP PMB. Your doctor will be asked to resend the same form to medshieldauths@mediscor.co.za, and the process carries on from there.

By following these steps, you will receive the appropriate chronic care under the DTP PMB benefit.

How to Apply to Register on the Oncology Programme

The Medshield Oncology Disease Management Programme was created to ensure that cancer patients can access high-quality treatment and support through a network of designated oncology specialists. The Independent Clinical Oncology Network (ICON) is the Designated Service Provider (DSP) to deliver comprehensive cancer care.

1 CONTACT THE MEDSHIELD ONCOLOGY DISEASE MANAGEMENT TEAM

When diagnosed with cancer and ready to start treatment, call the **Medshield Oncology Disease Management team on 086 000 2121**. They will provide ICON Oncology Group practices in your area. Choose the most convenient practice and ask your doctor to refer you to an ICON Oncologist for treatment.

DONT FORGET

Co-payments will apply for using a non-ICON Oncologist.
This means that Medshield will only cover a certain percentage of your claim. You will be responsible for the remaining balance.

Follow Scheme Protocols.
Oncology treatment is covered according to Medshield and ICON protocols, regardless of your Oncologist's network status. Ensure your Oncologist adheres to these protocols to avoid complications with claim payments.

2 INITIAL CONSULTATION WITH AN ICON ONCOLOGIST

Once referred, **schedule an appointment with your selected ICON Oncologist**. During the consultation, the Oncologist will discuss your treatment plan and submit it to Medshield for authorisation on your behalf.

3 TREATMENT PLAN AUTHORISATION

The Medshield Oncology Disease Management team will collaborate with your ICON Oncologist to review and approve the treatment plan. **Once approved, an authorisation letter will be sent to you and your Oncologist,** detailing the treatment, quantities, and authorisation duration.

4 RENEWAL OF TREATMENT PLAN

If your Oncologist is not part of the ICON DSP network, you must consult with an ICON Oncologist when renewing your treatment plan. To check if your Oncologist is part of the network, contact Medshield or visit the Medshield website to find a network Oncologist.

These steps will ensure you receive comprehensive Oncology care through Medshield's ICON Network while maximising your benefits and minimising potential out-of-pocket costs.

How to Check and Submit Your Optical Claims

Get the most out of your optical benefits with our easy 3-step process for checking your available benefits and submitting claims.

1 Confirm your optical benefits

Before visiting your healthcare provider, confirm the availability of your optical benefit or remaining funds by contacting IsoLeso:

- 011 340 9200
- medshield@isoleso.co.za

2 Details that should be visible on a claim

Ensure the following is displayed on your healthcare provider account before submitting your claim:

- Service provider (Optometrist) practice number
- Optical codes for frames and lenses
- ICD-10 Code/s
- Date of treatment

3 Submit your claim

Once you've gathered all required information, submit your claim via email:

- medshieldclaims@isoleso.co.za

For assistance or further inquiries, please contact the Medshield Contact Centre on **086 000 2120**.

How to Obtain Pre-authorisation for Dental Services

To ensure smooth access to your dental services, follow these simple steps to obtain pre-authorisation. Remember, confirming your benefits and providing accurate information is vital to receiving the necessary authorisation for your treatment.

1 Confirm your dental benefits

Confirm you have available benefits or savings for basic dentistry, specialised dentistry, or maxillo-facial surgery.

086 000 2120

2 Gather all required information

- Provider practice number
- Procedure and/or dental codes
- Tooth number(s)
- ICD-10 code(s)
- Treatment date
- X-ray results
- Motivation letter (orthodontics, crowns, bridges and implants)

3 Send an email for authorisation

- **Periodontics:** perio@denis.co.za
- **In-Hospital:** hospitalenq@denis.co.za
- **Specialised dentistry:** customercare@denis.co.za
- **Orthodontics:** ortho@denis.co.za

For assistance or further inquiries, call the Medshield Contact Centre at 086 000 2120, or chat with our team on WhatsApp at 060 042 7274.

How to Access Medshield MOM Additional Services

Motherhood begins long before your baby arrives. Medshield walks alongside you through pregnancy, birth and beyond, with Medshield MOM putting the resources, services and member benefits you need in one place.

BEFORE BIRTH

1 Register your pregnancy

Visit www.medshieldmom.co.za, click **SIGN UP FOR MEDSHIELD MOM JOURNEY** and complete the pop-up form. Don't forget to add your pregnancy week to get stage-matched advice, baby development updates and appointment reminders.

2 Pre-authorise your Hospital Admission

Ensure that your hospital admission is pre-authorised before the birth of your baby. With your doctor's pregnancy timeline in hand, contact **Medshield's Managed Healthcare Programme**.

086 000 2121

preauth@medshield.co.za

AFTER BIRTH

3 Register your baby *(within 60 days)*

Add your baby as a newborn dependant so they are covered under your membership. Birth certificate delayed? Call the Medshield Contact Centre on 086 000 2120.

4 Keep Medshield MOM close

Your Medshield MOM benefits don't stop at birth. Nutrition, fitness and recovery content carries on through the post-partum months.

YOUR JOURNEY, STEP BY STEP.

DON'T MISS YOUR MOM BAG

From your third trimester, claim an exclusive bag packed with Bennetts baby products. **Email your membership number, contact details and delivery address** to medshieldmom@medshield.co.za.

WEEKLY CONTENT

Advice and baby development updates matched to the stage you are actually in.

REMINDERS THAT MATTER

Doctor appointments and hospital pre-authorisation, so nothing sneaks up on you.

How to Access SmartCare Nurse and Nurse-led GP Virtual Consultations

SmartCare offers Medshield members convenient access to healthcare through registered nurse consultations and nurse-led virtual General Practitioner (GP) consultations with specified healthcare practitioners. This evolving healthcare benefit is designed to provide both acute and chronic consultations for various medical conditions.

1 VISIT A SMARTCARE-SUPPORTED PHARMACY

Locate and visit a pharmacy that supports SmartCare services. Your SmartCare Provider Network is on the Medshield Website, **www.medshield.co.za**, under **Menu** > **Member** > **Medshield Networks**.

SELECT YOUR PLAN and then choose SmartCare Pharmacy Network. Make an appointment, and upon arrival, inform the staff that you would like to use the SmartCare service for a virtual consultation.

2 NURSE CONFIRMS MEDSHIELD BENEFITS

A **registered nurse will confirm your Medshield membership** and check your benefits to ensure eligibility for the consultation.

MEDICAL HISTORY REVIEW AND EXAMINATION 3

The nurse will review your medical history and perform a clinical examination.
Based on the results, the nurse will either recommend Over-the-Counter (OTC) medication or advise that a doctor consultation is necessary.

VIRTUAL DOCTOR CONSULTATION (if needed) 4

If a doctor's consultation is required, the nurse will initiate a video call with the doctor.

The nurse assists by sharing your medical history and results with the doctor, who will conduct the consultation remotely, with the nurse's assistance. **The doctor will generate a prescription and send it directly to the pharmacy.**

5 COLLECT MEDICATION

After the consultation, you can collect any prescribed or recommended medication from the pharmacy, whether Over-the-Counter or prescription medicine.

SmartCare offers a seamless process for accessing healthcare without needing to visit a doctor's office. Using virtual consultations and with the support of trained nurses, Medshield members can receive timely medical advice, prescriptions, and treatments for both acute and chronic conditions.

Terms & Conditions: No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation. Limited 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 differ and are subject to store trading hours.

How to Make an EFT Payment to Medshield

If you need to make a payment to Medshield Medical Scheme, please follow the steps below carefully to ensure that your payment is processed correctly and your membership benefits are not disrupted.

1 Log in to your banking platform

Access your internet banking or mobile banking app. Then, navigate to the Payments or Transfers section.

2 Add Medshield as a beneficiary

Use the following information:

Bank: Nedbank
Account type: Current
Branch: Nedbank Rivonia
Branch code: 196905
Account number: 1969125969
Reference: Your Membership Number

3 Enter the payment amount

Enter the exact **amount due** as reflected on your statement or invoice. Double-check that the **beneficiary details** and **membership number reference** are correct.

Make sure that your payments are made regularly and on time each month to avoid delays or suspension of benefits.

4 Confirm and process the payment

Review all information carefully before submitting. Approve the transaction using your bank's security process (PIN, OTP, or app approval).

5 Send Medshield proof of payment

Save or download the proof of payment (POP) from your banking platform. Email your proof of payment, along with your membership number, to:

creditcontrol@medshield.co.za

CONTACT US FOR ASSISTANCE

If you have any questions or need assistance with your payment, we are here to help:

086 000 2120
creditcontrol@medshield.co.za
060 042 7274 (WhatsApp)

DO WHAT'S RIGHT EVERY TIME

STOP **FRAUD, WASTE, ABUSE** AND **ERROR.**

Be alert. Be accountable.
Be the reason we stay protected.

MEDSHIELD
medical scheme
Partner for Life

Your Quick Guide

to protecting your medical aid from FWAE

QUESTION 1
WHAT IS FWAE?
FWAE stands for Fraud, Waste, Abuse and Error – behaviours or mistakes that drain resources from medical aid schemes.

QUESTION 2
HOW DOES IT AFFECT ME?
Every rand lost through FWAE is money taken from the shared pool of member contributions. That means higher premiums and fewer benefits for you.

QUESTION 3
IS IT STILL FRAUD IF I JUST USE BENEFITS I DON'T REALLY NEED?
Yes. Wasteful use of benefits still drains funds meant for all members and contributes to higher costs.

QUESTION 4
WHAT HAPPENS IF SOMEONE IS CAUGHT COMMITTING FRAUD?
Schemes take a zero-tolerance approach. Membership can be terminated, employment affected, and criminal charges laid.

QUESTION 5
HOW CAN I HELP PREVENT FWAE?
By checking your claims, protecting your membership details, refusing to collude in false claims, and reporting suspicious activity.

QUESTION 6
CAN I REPORT FRAUD ANONYMOUSLY?
Yes. Dedicated whistleblower hotlines allow you to report in confidence or anonymously.

Fraud, Waste, Abuse & Error aren't just a scheme problem. They're everyone's problem. By following these steps, you protect your benefits - and every member's future.

- Check your claims for accuracy
- Keep your membership card and details safe
- Never share your membership number
- Don't accept cash for claims you didn't receive
- Report suspicious behaviour via the official whistleblower channels

EIGHT WAYS TO SUBMIT A REPORT TO THE WHISTLE BLOWERS ETHICS HOTLINE

Call directly on the toll-free number 0800 112 811
Use the dedicated Whistle Blowers hotline number to make a report via the live answering service.

Download and use the Whistle Blowers app
Download the secure Whistle Blowers app from Google Play or the Apple App Store. The app guides you through the reporting process.

SMS to 33490
Send your report via the SMS line from anywhere in South Africa at a cost of R1.50.

Post a letter of your report
Send a letter of your report to Whistle Blowers via post using the below details:
Freepost KZN665, Musgrave, South Africa, 4062

Report online at www.whistleblowing.co.za
Visit the Whistle Blowers website to report and make your submission via the online reporting platform.

Fax your report
Send your report to Whistle Blowers via a fax line:
Toll-free on **0800 212 689**

Email to information@whistleblowing.co.za
Send an email of your report privately to Whistle Blowers.

WhatsApp
Send your report to Whistle Blowers via WhatsApp on:
031 308 4664

Remember, reports can be submitted anonymously or in confidence.

How to Register on the Medshield Website Member Login Zone

The member login portal on both the Medshield website and mobile App is designed to provide you with seamless access to your healthcare information. Whether using the website or App, registration is simple and essential for managing your health benefits. For easy access, use the same username and password for the Medshield mobile app and website Member Login Zone. You only need to register once on either platform.

REGISTER AND ACCESS YOUR **MEMBER LOGIN ZONE** ON THE MEDSHIELD WEBSITE

1 Navigate to the Member Login Page
Visit the Medshield website (**www.medshield.co.za**) and click on the "**LOGIN**" button at the top-right of the homepage.

2 Initiate Registration
Click on the "**CREATE ACCOUNT**" option. ***Enter your membership number*** in the designated field and click "**VALIDATE**".

3 Enter Personal Details
After validation, fill in your ID number, email address, preferred username, and password. The password must be at least eight characters long, case-sensitive, and must not contain ampersands (&) or spaces.

4 Create Account
Once you have completed the required personal details, click "**CREATE ACCOUNT**".

5 Confirm account with One-Time Password (OTP)
An OTP is generated and sent to your email address registered with the Scheme. Add the OTP and then click "**SUBMIT**".

6 Log in to access your member information
Your account has been activated. Visit the Member Login page and use your username and password to access your Medshield member profile.

How to Register on the Medshield Member App

REGISTER AND ACCESS YOUR **MEMBER PROFILE** ON THE MEDSHIELD APP

1 Open the Medshield App
Download and launch the Medshield App from any PlayStore or IOS App Store on your mobile device. On the login screen, tap on "**REGISTER ACCOUNT**".

2 Validate Membership Number
Enter your membership number and select whether you are registering as a principal member or a beneficiary. Click "**VALIDATE**" to proceed.

3 Complete Personal Details
After validation, fill in your ID number, email address, preferred username, and password. The password must be at least eight characters long, case-sensitive, and must not contain ampersands (&) or spaces.

4 Create Account
Once you have completed the required personal details, click "**NEXT**".

5 Confirm your account with One-Time Password (OTP)
An OTP is generated and sent to your email address, registered with the Scheme. Add the OTP and then click "**SUBMIT**".

Medshield Partners' Contact Details

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 or +27 10 209 8011 for members outside South Africa
Authorisations - Hospital Authorisations - Hospital-at-Home - Private Nursing - Renal Dialysis - Wound Care	Medscheme	**Contact number:** 086 000 2121 or +27 11 671 2011 for members outside South Africa **Email:** preauth@medshield.co.za
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside South Africa Facsimile: 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Mental Health		**Email:** medshieldapmb@mediscor.co.za
Disease Management Care Plans		**Contact number:** 086 000 2120 or +27 10 597 4701 for members outside South Africa **Email:** pmbapplications@medshield.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 or +27 11 671 2011 for members outside South Africa - Crowns/Bridges and Dental Implant Authorisations **Email:** crowns@denis.co.za - Periodontic Applications **Email:** perio@denis.co.za - Orthodontic Applications **Email:** ortho@denis.co.za - Plastic Dentures **Email:** customercare@denis.co.za - In-Hospital Dental Authorisations **Email:** hospitalenq@denis.co.za
Diabetes Care Programme / Hypertension / Hyperlipideamia	Medshield	**Contact number:** 086 000 2120 or +27 10 597 4701 for members outside South Africa **Email:** Diabetesdiseasemanagement@medshield.co.za
HIV and AIDS Management	HaloCare	**Contact number:** 086 014 3258 (Mon - Fri: 07h30 to 16h00) Facsimile: 086 570 2523 **Email:** medshield@halocare.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 Claims	Medscheme	**Contact number:** 086 000 2121 or +27 11 671 2011 for members outside South Africa Working Hours: Mon - Fri: 08h00 - 17h00 **Email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 or +27 11 671 2011 for members outside 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 or +27 10 597 4701 for members outside South Africa **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.

- Complaints can be directed via email to **complaints@medshield.co.za**
- An escalated appeal or dispute can be directed to **POqueries@medshield.co.za**

These complaints will be dealt with in line with our complaints/disputes escalation procedures in order to ensure fair and timeous resolution.

Medshield Banking Details

Bank:	**Nedbank**
Account Type:	Current
Branch:	Nedbank Rivonia
Branch Code:	196905
Account Number:	1969125969
Reference:	**Your Membership Number**

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:	
Hysterosalpingogram	Rubella
Laparoscopy	HIV
Hysteroscopy	VDRL
Surgery (uterus and tubal)	Chlamydia
Manipulation of the ovulation defects and deficiencies	Day 21 Progesterone
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/carbuncle/whitlow/cyst
Excision of non-malignant lesions less than 2cm	

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

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

Exclusions

BENEFITS EXCLUDED insofar as these are not prescribed under the Prescribed Minimum Benefits LEVEL OF CARE

General Exclusions
Unless otherwise decided by the Scheme, with the express exception of medicines or treatment approved and authorised in terms of any relevant Managed Healthcare Programme, expenses incurred in connection with any of the following will not be paid by the Scheme:

- All costs that exceed the annual or biennial maximum allowed for the particular category as set out in Annexure B, for the benefits to which the member is entitled in terms of the rules;
- All costs for operations, medicines, treatments and procedures for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident or disease;
  All costs for healthcare services if, in the opinion* of the Medical or Dental Adviser, such healthcare services are not appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition at an affordable level of service and cost;
  (*opinion in this instance will be based on current practice, evidence-based medicine, cost effectiveness and affordability for the claim to be excluded);
- All costs for medicines for the treatment of chronic conditions not on the list of diseases covered, with the exception of medicines for the treatment of an excluded chronic condition which the Chronic Medicine Programme has specifically determined should be treated to achieve overall cost-effective treatment of the beneficiary;

Exclusions and Indemnity in Regard to Third Party Claims

- It is recorded that the relationship between the Scheme and its members shall at all times be deemed to be one of the utmost good faith.
  The member therefore acknowledges and agrees that, notwithstanding anything to the contrary, or not specifically set out in the rules or Annexures of the Scheme, the member is under a duty of care to disclose all and any information or matters to the Scheme, which may in any manner impact upon or affect a decision or discretion which vests in the Scheme, concerning such member, any of his dependants or a claim;
- The Scheme shall affect payment of any claims, for both Prescribed and non-Prescribed Minimum Benefit level of care, incurred by the member, arising from the actions or omissions of any other third party and for such claim.

Exclusions in Regard to Non-Registered Service Providers
The Scheme shall not pay the costs for services rendered by:

- Persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or
- Any institution, nursing home or similar institution, except a state or provincial hospital, not registered in terms of any law;
- Any person that does not have a practice code number, group practice number or an individual practice number issued by the registering authorities for providers, if applicable.

Items not mentioned in Annexure B

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

SmartCare Clinics - Private Nurse Practitioner has the following exclusions:

- No children under the age of 2 other than for a prescription for a routine immunisation;
- 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 higher medication.

Pathology and Medical Technology

- Allergy testing in hospital - Letter of Motivation is required;
- Vitamin D testing in hospital unless Vitamin D testing is clinically indicated for patients with Chronic Kidney Disease (CKD) and the funding criteria is met with a detailed Letter of Motivation submitted for review in the following cases:
  - CKD-mineral and bone disorder (CKD-MBD).
  - secondary hyperparathyroidism.
  - abnormal calcium, phosphate, or PTH results.
  - suspected or already documented vitamin D deficiency.
  - malabsorption or persistent deficiency despite standard supplementation; or
  - when vitamin D-targeted treatment is started or monitored;
- Exclusions as per the Schemes Pathology Management Programme;
- Gene Sequencing.

Pharmaceutical Electronic Standards Authority

- Pharmacy Product Management Document listing the PESA Exclusions, can be found in Annexure C1.

Specific Exclusions

- All costs for services rendered in respect of the following unless specifically authorised by the Scheme.

Alternative Healthcare Practitioners
All services not listed in paragraph D1 of Annexure B's:

- Aromatherapy;
- Art therapy;
- Ayurvedics;
- Herbalists;
- Iridology;
- Reflexology;
- Therapeutic Massage Therapy (Masseurs)

Ambulance Services

- Services, subject to Regulation 8(3), not stipulated or included in the Preferred Provider contract. Refer to paragraph D2 of Annexure B. (excludes retrospective authorisations)

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, linen savers, pillows and overlays;
- Cardiac assist devices – e.g. Berlin Heart;
- CPAP machines, unless specifically authorised, as per managed care protocols;
- Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories) (unless PMB);
- Electric/Motorised Wheelchairs (Unless approved for specific conditions where PMB and PMB level of care have been met) and scooters;
- Electric toothbrushes;
- Exercise machines;
- Humidifiers;
- Insulin pumps unless specifically authorised;
- Ionizers and air purifiers;
- Orthopaedic shoes, inserts/levellers and boots, unless specifically authorised and unless PMB level of care;
- Oxygen hire or purchase, unless authorised and unless PMB level of care;

- Pain relieving machines, e.g. TENS and APS;
- Stethoscopes;
- Wearable monitoring devices excluding Holters.

Blood, Blood Equivalents and Blood Products
- Hemopure® (bovine blood), unless acute shortage of human blood and blood products for acutely anaemic patients;

Dentistry
Exclusions as determined by the Schemes Dental Management Programme:

Additional Scheme Exclusions
- Appointments not kept;
- Behaviour management;
- Caries susceptibility and microbiological tests;
- Cost of mineral trioxide;
- Dental testimony, including dentolegal fees;
- Electrognathographic recordings, pantographic recordings and other such electronic analyses;
- Enamel microabrasion.
- Intramuscular and subcutaneous injections;
- Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
- Pulp tests;
- Special reports;
- Treatment plan completed (code 8120);

Crown and Bridge
- Emergency crowns that are not placed for immediate protection in tooth injury, and the associated laboratory costs;
- 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;
- Cost of gold, precious metal, semi-precious metal and platinum foil;
- Laboratory delivery fees;
- Laboratory fabricated temporary crowns.
- Occlusal rehabilitations and the associated laboratory costs;
- Provisional crowns and the associated laboratory costs;

Fillings/Restorations
- Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
- Gold foil restorations;
- Ozone therapy.
- Polishing of restorations;
- Resin bonding for restorations charged as a separate procedure to the restoration;

Hospital and Anaesthetist Claims for the following procedures will not be covered when performed under general anaesthesia
- Apicectomies;
- Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;
- Dentectomies;
- Frenectomies;
- Implantology and associated surgical procedures;
- Professional oral hygiene procedures;
- Surgical tooth exposure for orthodontic reasons.

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;
- Cost of dental materials for procedures performed under general anaesthesia.

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

Maxillo-Facial Surgery and Oral Pathology
- Auto-transplantation of teeth;
- 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 (Unless PMB).
- Sinus lift procedures;

Orthodontics
- Cost of invisible retainer material;
- Laboratory delivery fees.
- 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 (Benefit for fixed comprehensive orthodontic treatment is limited to beneficiaries from age 9 but younger than 18 years of age. Treatment must commence before turning 18 years old);
- Orthodontic re-treatment and the associated laboratory costs;

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

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

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

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

Root Canal Therapy and Extractions
- Direct and indirect pulp capping procedures.
- Root canal therapy on primary (milk) teeth;
- Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
- General anaesthetics and moderate/deep sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation
- 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 (refer to sections 4.1 and 4.7 of Annexure D);
- Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution are not payable (unless specifically provided for in Annexure B);
- Frail care services (Shall only be considered for pre-authorisation subject to Managed Care Protocols and strict criteria if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre/facility 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;
- Nursing services or frail care provided other than in a hospital shall only be covered if pre-authorised by a Healthcare Provider and service is provided by a registered service 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, including:
  - Air Inflation of fallopian tubes for patency
  - Assisted Reproductive Technology (ART)
  - Cystoscopy, testicular biopsy and vasograms for male infertility
  - Donor Sperm
  - Gamete Intrafallopian tube transfer (GIFT)
  - Intra Uterine Insemination (IUI)
  - Intracytoplasmic sperm injection (ICSI)
  - In-vitro fertilization (IVF)
  - Ovarian drilling
  - Re-anastomosis of fallopian tubes
  - Zygote Intrafallopian tube transfer (ZIFT)
- Salpingostomy (reversal of tubal ligation);
- Vasovasostomy (reversal of vasectomy).

Medicine and Injection Material

- Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
- Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
- Clinical trials for benefits and treatment unless pre-authorised by the relevant Managed Healthcare Programme;
- 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;
- Diagnostic agents, unless authorised and PMB level of care;
- Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
- Erythropoietin, unless PMB level of care;
- Food, nutritional supplements (PMB level of care) and Medical Nutrition Therapy (MNT), including baby food and special milk preparations and prescribed for malabsorptive disorders and/or for mother to child transmission (MTCT) prophylaxis unless PMB level of care and if registered on the relevant Managed Healthcare Programme, letter of motivation and a quotation is required;
- Gardasil 9;
- Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
- Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
- Immunoglobulins (excluding: Rabigam, Tetagam, Rhesugam, Hebagam, Vazigam, Rhesonativ) and immune stimulants, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
- Injection and infusion material, unless PMB and except for outpatient parenteral treatment (OPAT) and diabetes;
- Intestinal flora medicines;
- 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 defined as exclusions by the relevant Managed Healthcare Programme;
- Medicines not authorised by the relevant Managed Healthcare Programme;
- 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 used specifically to treat alcohol and drug addiction. Pre-authorisation required (unless PMB level of care, DSP applies);
- 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, Managed Care Protocols and strict criteria apply:
  - Liposomal amphotericin B for fungal infections (unless PMB, DSP applies);
  - 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, DSP applies);
  - Protein C inhibitors, for septic shock and septicaemia (unless PMB, DSP applies);
  - 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, 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, DSP applies);
  - Trastuzumab for the treatment of metastatic breast cancer (unless PMB or included in the ICON protocol applicable to the member's option, DSP applies);
- Nappies and waterproof underwear;
- Oral contraception for skin conditions, parentaral and foams;
- Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
- Slimming preparations for obesity;
- Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
- Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:
  - Infants and pregnant mothers;
  - Malabsorption disorders;
  - HIV positive patients registered on the relevant Managed Healthcare Programme.

Mental Health

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

Non-Surgical Procedures and Tests

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

Optometry

- Contact lens fittings;
- Optical devices which are not regarded by the relevant Managed Healthcare Programme, as clinically essential or clinically desirable;
- Optical Management Programme exclusions as per the Schemes.
- Plano tinted and other cosmetic effect contact lenses (other than prosthetic lenses), and contact lens accessories and solutions;
- Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid.;
- Sunglasses, prescription sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;

Organs, Tissue and Haemopoietic Stem Cell (Bone Marrow)

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

Physical Therapy (Physiotherapy, Chiropractic's and Biokinetics)

- Biokinetics and Chiropractic's in hospital;
- Physiotherapy for mental health admissions (Unless PMB and PMB level of care);

- X-rays performed by Chiropractors.

Prosthesis 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;
- Customised aortic stents, (DSP applies);
- Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme.
- Cardiac drug eluting stents unless authorised by the relevant Managed Healthcare Programme subject to Managed Care Protocols, unless Prescribed Minimum Benefits level of care (DSP applies);
- IUD's inserted in hospital (intrauterine device such as Mirena etc), if protocols/criteria has been met. The Scheme will pay up to Scheme Tariff for the device and its insertion when performed in hospital with another pre-authorised procedure;
- Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
- Peripheral vascular drug eluting stents unless authorised by the relevant Managed Healthcare Programme subject to Managed Care Protocols, unless Prescribed Minimum Benefits level of care (DSP applies);
- TAVI procedure - transcatheter aortic-valve implantation unless authorised by the relevant Managed Healthcare Programme subject to Managed Care Protocols. The procedure and prosthesis will only be funded up to the global fee the equivalent of PMB level of care. (open Aortic valve replacement surgery);

Radiology and Radiography

- Application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable subject to Managed Care Protocols;
- Bone densitometry performed by a General Practitioner, or a Specialist not included in the Scheme credentialed list of specialities;
- Computed Tomography Coronary Angiography (CTCA), subject to Managed Care Protocols (unless PMB level of care and symptomatic, DSP applies);
- CT colonography (virtual colonoscopy) for screening (unless authorised by the relevant Managed Healthcare Programme subject to Managed Care Protocols, unless PMB level of care, DSP applies);
- MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);
- MRI and CT 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);
- Screening that has not been pre-authorised or is not in accordance with the schemes policies and protocols.

Surgical Procedures

- Abdominoplasties and the repair of divarication of the abdominal muscles
- Arthroscopy for osteoarthritis;
- Balloon sinuplasty;
- Gynaecomastia (Unilateral/Bilateral);
- Blepharoplasties and Ptosis unless authorised by the relevant Managed Healthcare programme and subject to Managed Care Protocols (unless causing demonstrated functional visual impairment and pre-authorised);
- Breast augmentation;
- Breast reconstruction of the affected side only, unless mastectomy following cancer and pre-authorised within Scheme protocols/ guidelines (unless PMB level of care, DSP applies);
- Breast reductions, Benign Breast Disease;
- Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
- Cosmetic surgery unless specifically authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols, unless PMB level of care;
- Erectile dysfunction surgical procedures;
- Gender reassignment medical or surgical treatment;
- Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
- Kyphoplasties (unless authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols) and Vertebroplasties (PMB and PMB level of care);
- Laparoscopic unilateral inguinal hernia repair (unless specifically authorised by the managed care organisation);
- Obesity (unless PMB, andunless authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols).;
- Otoplasty, pre-authorisation 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;
- 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;
- Prophylactic Mastectomy (unless PMB level of care, DSP applies);
- Refractive surgery, unless specifically provided for in Annexure B, subject to Managed Care Protocols;
- Revision of scars
- Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
- Robotic surgery, other than for radical prostatectomy (Robotic-Assisted Laparoscopic Prostatectomy (RALP) where specifically mentioned in the Annexure B and unless authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols (global fee covers all costs: the facility, use of the robot and all providers, only at accredited facilities)
- Prosthesis for spinal procedures paid up to the value of PMB level of care , where applicable;
- Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB and PMB level of care), or authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols and PMB guidelines.
- Varicose veins, surgical and medical management (unless PMB and PMB level of care or authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols and PMB guidelines).

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medical scheme
Partner for Life

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- MediBonus
- MediSaver
- MediPlus
- MediCore
- MediValue
- MediPhila
- MediCurve

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