

MediPhila

2027 Benefit Guide





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MediPhila Benefit Option

MediPhila is ideal for families seeking first-time access to affordable private medical cover. As a MediPhila member, you have unlimited In-Hospital cover for treatment in the Compact Hospital Network, and Day-to-Day cover for your essential daily healthcare needs.

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



Major Medical Benefits
(In-Hospital)



Out-of-Hospital Benefits



Maternity Benefits



Wellness Benefits



Chronic Medicine



Ambulance Services



Monthly Contributions

MEDIPHILA OPTION	PREMIUM
Principal Member	R2 295
Adult Dependant	R2 295
Child	R597

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	BENEFIT LIMITS AND COMMENTS
OVERALL ANNUAL LIMIT	<ul style="list-style-type: none"> Unlimited.
HOSPITAL NETWORK	<ul style="list-style-type: none"> Compact Hospital Network.
HOSPITALISATION LIMIT	<ul style="list-style-type: none"> Unlimited.
<ul style="list-style-type: none"> Hospital co-payment for non-network hospital 	<ul style="list-style-type: none"> 30% upfront co-payment for the use of non-network hospital.
SURGICAL PROCEDURES As part of an authorised event.	<ul style="list-style-type: none"> Unlimited.
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the Hospital benefit if detailed on the hospital account or if obtained from a Pharmacy on the day of discharge. <ul style="list-style-type: none"> According to the Maximum Generic Pricing or Medicine Price List and Formularies. 	<ul style="list-style-type: none"> Up to 7 days' supply, to a maximum of R500 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.	<ul style="list-style-type: none"> PMB and PMB level of care.
<ul style="list-style-type: none"> Hospital-at-Home 	<ul style="list-style-type: none"> PMB and PMB level of care.
<ul style="list-style-type: none"> Terminal Care Benefit <i>Clinical Protocols apply.</i> 	<ul style="list-style-type: none"> R38 350 per family per annum. PMB and PMB level of care.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved and obtained from the DSP Network Provider or Preferred Provider.	<ul style="list-style-type: none"> No Benefit.
Hiring or buying of Appliances, External Accessories and Orthotics:	
<ul style="list-style-type: none"> Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors 	<ul style="list-style-type: none"> No Benefit.
<ul style="list-style-type: none"> Hearing Aids (Including repairs) 	<ul style="list-style-type: none"> No Benefit.
<ul style="list-style-type: none"> Wheelchairs (including repairs) 	<ul style="list-style-type: none"> No Benefit.
<ul style="list-style-type: none"> Stoma Products and Incontinence Sheets related to Stoma Therapy Pre-authorisation is required. 	<ul style="list-style-type: none"> PMB and PMB level of care.
<ul style="list-style-type: none"> CPAP Apparatus for Sleep Apnoea Pre-authorisation is required and services must be obtained from the Preferred Provider. <i>Clinical Protocols apply.</i> 	<ul style="list-style-type: none"> PMB and PMB level of care.
OXYGEN THERAPY EQUIPMENT Pre-authorisation is required and services must be obtained from the DSP or Network Provider. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> PMB and PMB level of care.
HOME VENTILATORS Pre-authorisation is required and services must be obtained from the DSP or Network Provider. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> PMB and PMB level of care.
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. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> PMB and PMB level of care.

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
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 15 for more information.	<ul style="list-style-type: none"> • Unlimited.
SLEEP STUDIES	<ul style="list-style-type: none"> • No Benefit.
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. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> • PMB and PMB level of care. • 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.
<ul style="list-style-type: none"> • Corneal Grafts (Internationally sourced Cornea). 	<ul style="list-style-type: none"> • R54 250 per beneficiary.
<ul style="list-style-type: none"> • Corneal Grafts (Locally sourced Cornea). 	<ul style="list-style-type: none"> • R23 250 per beneficiary.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event and excludes allergy and vitamin D testing. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> • Unlimited.
PHYSIOTHERAPY, BIKINETICS AND CHIROPRACTICS Includes sports and non-sports related injuries.	<ul style="list-style-type: none"> • Subject to the Day-to-Day Limit.
PHYSIOTHERAPY In-Hospital Physiotherapy requires pre-authorisation. In lieu of hospitalisation also refer to 'Alternatives to Hospitalisation' in this guide.	<ul style="list-style-type: none"> • R3 450 per beneficiary per annum. • Thereafter subject to the Day-to-Day Limit unless specifically pre-authorised for PMB and PMB level of care.
PROSTHESIS AND DEVICES INTERNAL Pre-authorisation is required for surgically implanted devices. Preferred Provider Network applies. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> • R1 000 per family per annum for non-PMB. • All joint replacements are PMB and PMB level of care. • Use of a DSP applicable from Rand one.
PROSTHESIS EXTERNAL Pre-authorisation is required. Preferred Provider Network applies. Including Ocular Prosthesis. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> • PMB and PMB level of care.
LONG LEG CALLIPERS Pre-authorisation is required and service must be obtained from the DSP, Network Provider or Preferred Provider.	<ul style="list-style-type: none"> • PMB and PMB level of care.
GENERAL RADIOLOGY As part of an authorised event. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> • Unlimited.
SPECIALISED RADIOLOGY Pre-authorisation is required, and services must be obtained from the DSP or Network Provider. Includes CT Colonography (Virtual Colonoscopy). <i>Clinical Protocols apply.</i> Includes the following: <ul style="list-style-type: none"> • CT scans, MUGA scans, MRI scans, Radio Isotope studies. • Interventional Radiology replacing Surgical Procedures. 	<ul style="list-style-type: none"> • R8 950 per family per annum, In- and Out-of-Hospital. • Subject to the Specialised Radiology Limit.
CHRONIC RENAL DIALYSIS Pre-authorisation is required, and services must be obtained from the DSP for PMB and non-PMB. Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> • PMB and PMB level of care. • 35% upfront co-payment for the use of a non-DSP.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. Services must be obtained from a Medshield Specialist Network provider. See page 15 for more information.	<ul style="list-style-type: none"> • Unlimited.



Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
MENTAL HEALTH Pre-authorisation is required. Services must be obtained from a Medshield Specialist Network provider. See page 15 for more information. Up to a maximum of 3 days if patient is admitted by a General Practitioner.	<ul style="list-style-type: none"> • PMB and PMB level of care. • 30% upfront co-payment for the use of a non-Compact Network Hospital. • DSP applicable from Rand one.
<ul style="list-style-type: none"> • Rehabilitation for Substance Abuse 1 rehabilitation programme per beneficiary per annum. 	<ul style="list-style-type: none"> • PMB and PMB level of care.
<ul style="list-style-type: none"> • Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling 	<ul style="list-style-type: none"> • PMB and PMB level of care.
HIV & AIDS Pre-authorisation is required and treatment must be obtained from the DSP. Includes the following: <ul style="list-style-type: none"> • Anti-retroviral and related medicines. • HIV/AIDS related Pathology and Consultations. • National HIV Counselling and Testing (HCT). 	<ul style="list-style-type: none"> • As per Managed Healthcare Protocols. • 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 15 for more information. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> • 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.



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	BENEFIT LIMITS AND COMMENTS
ANTENATAL CONSULTATIONS Services must be obtained from a Medshield Specialist Network provider. See page 15 for more information.	<ul style="list-style-type: none"> • 6 Antenatal consultations per pregnancy.
ANTENATAL CLASSES Services performed by a registered Midwife/Nurse.	<ul style="list-style-type: none"> • R700 per pregnancy.
POSTNATAL CONSULTATIONS Services performed by a registered Midwife/Nurse.	<ul style="list-style-type: none"> • 4 Visits per pregnancy.
PREGNANCY RELATED SCANS AND TESTS	<ul style="list-style-type: none"> • Two 2D scans per pregnancy. • 1 Amniocentesis or non-invasive pre-natal test (NIPT) per pregnancy.
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 15 for more information. <i>Clinical Protocols apply.</i>	
<ul style="list-style-type: none"> • Confinement In-Hospital 	<ul style="list-style-type: none"> • Unlimited, with the use of a Compact Network Hospital. • 30% upfront co-payment applies for the voluntary use of a non-Network Hospital.
<ul style="list-style-type: none"> • Delivery by a General Practitioner or Medical Specialist 	<ul style="list-style-type: none"> • Unlimited.
<ul style="list-style-type: none"> • Confinement in a registered birthing unit or Out-of-Hospital 	<ul style="list-style-type: none"> • Unlimited.
<ul style="list-style-type: none"> • Delivery by a registered Midwife/Nurse 	<ul style="list-style-type: none"> • Unlimited.
<ul style="list-style-type: none"> • Hire of water bath and oxygen cylinder 	<ul style="list-style-type: none"> • Unlimited.
PAEDIATRIC CONSULTATIONS	<ul style="list-style-type: none"> • 1 visit per beneficiary under the age of 2 years old. • Subject to the Medical Specialist Consultations and Visits Limit.
INFANT HEARING SCREENING	<ul style="list-style-type: none"> • 1 test per newborn up to 8 weeks of age. • 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	BENEFIT LIMITS AND COMMENTS
ONCOLOGY LIMIT	<ul style="list-style-type: none"> PMB and PMB level of care. The use of a non-DSP will attract a 40% upfront co-payment.
<ul style="list-style-type: none"> Active Treatment (Chemotherapy and Radiotherapy) 	<ul style="list-style-type: none"> Subject to the Oncology Limit. ICON Essential Protocols apply.
<ul style="list-style-type: none"> Oncology Medicine 	<ul style="list-style-type: none"> Subject to the Oncology Limit. ICON Essential Protocols apply.
<ul style="list-style-type: none"> Radiology and Pathology Only Oncology related Radiology and Pathology as part of an authorised event. 	<ul style="list-style-type: none"> PMB and PMB level of care.
<ul style="list-style-type: none"> PET and PET-CT SCANS 	<ul style="list-style-type: none"> PMB and PMB level of care. 25% upfront co-payment for the use of a non-DSP.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	<ul style="list-style-type: none"> 4 visits per family per annum. Subject to the Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Pre-authorisation is required.	<ul style="list-style-type: none"> Subject to the Oncology Medicine Limit.
<ul style="list-style-type: none"> Vitreoretinal Benefit Pre-authorisation is required for Vitreous and Retinal disorders. <i>Clinical Protocols apply.</i> 	<ul style="list-style-type: none"> R24 600 per family per annum.
BREAST RECONSTRUCTION (Following an Oncology event) Pre-authorisation is required and services must be obtained from a DSP or Network Provider. Services must be obtained from a Medshield Specialist Network provider. See page 15 for more information. Post Mastectomy (including all stages, prosthesis and all costs for the affected side). <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> PMB and PMB level of care; Prosthesis Limit, as stated under Prosthesis, is not applicable for Breast Reconstruction.



Chronic Medicine Benefits

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
PHARMACY NETWORK	<ul style="list-style-type: none"> Pharmacy Direct, Clicks Retail, Clicks Direct Medicine 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.	<ul style="list-style-type: none"> PMB only. Core Select Formulary 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 condition.

MEDIPHILA CHRONIC DISEASE LIST

Addison's disease
Asthma
Bi-Polar Mood Disorder
Bronchiectasis
Cardiac failure
Cardiomyopathy
Chronic renal disease

Chronic obstructive pulmonary disease
Coronary artery disease
Crohn's disease
Diabetes insipidus
Diabetes mellitus type 1
Diabetes mellitus type 2
Dysrhythmias

Epilepsy
Glaucoma
Haemophilia
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple sclerosis

Parkinson's disease
Rheumatoid arthritis
Schizophrenia
Systemic lupus erythematosus
Ulcerative colitis
Depression



Dentistry Benefits

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
BASIC DENTISTRY <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> R2 000 per family per annum. Subject to the Specialised Dentistry Limit.
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.	<ul style="list-style-type: none"> R7 900 per family per annum.
<ul style="list-style-type: none"> Impacted Teeth, Wisdom Teeth and Apicectomy <ul style="list-style-type: none"> 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 anaesthetic analgo sedation, Out-of-Hospital. 	<ul style="list-style-type: none"> Subject to the Specialised Dentistry Limit. R1 800 upfront co-payment applies for wisdom teeth extraction performed in a Day Clinic. R4 000 upfront co-payment applies if the procedure is done In-Hospital. (No co-payment if procedure is done under conscious sedation in the practitioner's rooms). Pre-authorisation is required for all services. Failure to obtain an authorisation prior to treatment will attract a 20% penalty.
<ul style="list-style-type: none"> Dental Implants 	<ul style="list-style-type: none"> No Benefit.
<ul style="list-style-type: none"> Orthodontic Treatment 	<ul style="list-style-type: none"> No Benefit.
<ul style="list-style-type: none"> Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics 	<ul style="list-style-type: none"> No Benefit.
MAXILLO-FACIAL AND ORAL SURGERY Pre-authorisation is required. Non-elective surgery only. Medshield Dental Network and Dental Protocols apply.	<ul style="list-style-type: none"> PMB only.



SmartCare Benefits

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network is compulsory from Rand one.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Unlimited.
NURSE-LED VIRTUAL GENERAL PRACTITIONER (GP) CONSULTATIONS Subject to the use of the SmartCare General Practitioner (GP) Network.	<ul style="list-style-type: none"> 1 visit per family subject to the Overall Annual Limit. Thereafter subject to the GP Consultations and Visits 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	BENEFIT LIMITS AND COMMENTS
DAY-TO-DAY LIMIT	<ul style="list-style-type: none"> R4 900 per family per annum.
GENERAL PRACTITIONER (GP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL In-person visits only. The relevant GP Network must be used.	<ul style="list-style-type: none"> M0 = 10 visits M+1 = 12 visits M2+ = 14 visits
VIRTUAL CARE: GENERAL PRACTITIONERS (GP) CONSULTATIONS Virtual or telephonic consultations to a Network GP.	<ul style="list-style-type: none"> 3 consultations per family.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted a Network GP.	<ul style="list-style-type: none"> 2 visits per family per annum to a non-Network provider. Thereafter subject to the amount of GP visits stated above. Once these are exhausted, a 40% upfront co-payment will apply.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS Services must be obtained from a Medshield Specialist Network provider. See page 15 for more information.	<ul style="list-style-type: none"> 1 visit per family, thereafter subject to the Day-to-Day Limit. A referral from a GP must be obtained and authorised before consulting a Specialist provider. 20% upfront co-payment applies if no GP referral.
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 the Overall Annual Limit, unless PMB. Only bona fide emergencies will be authorised.	<ul style="list-style-type: none"> Facility fees for 2 visits per family, thereafter subject to the Day-to-Day Limit, unless PMB. Consultations subject to the General Practitioner Consultations and Visits Limit. Medicine limited to the Acute Medicine Limit and the Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL <ul style="list-style-type: none"> Acute medicine Medshield medicine pricing and formularies and the relevant Pharmacy Network applies. 	M+0 = R1 950 M+1 = R2 650 M2+ = R3 050 <ul style="list-style-type: none"> Thereafter, subject to the Day-to-Day Limit. The use of Medshield Pharmacy Network applies from Rand one.
<ul style="list-style-type: none"> Pharmacy Advised Therapy Schedules 0, 1 and 2 medicine dispensed by a Pharmacist over the counter. Medshield Formularies apply. 	<ul style="list-style-type: none"> Subject to the Acute Medicine Limit. R300 per script. 1 script per beneficiary per day.

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
OPTICAL LIMIT (24 Month Optical Service Date Cycle) Optometry Programme and Protocols, and Optical Network applies. <ul style="list-style-type: none"> • Optometric refraction (eye test) 	<ul style="list-style-type: none"> • R2 400 per beneficiary per 24 month Optical Service Date Cycle. • The use of a Medshield Network Provider applies. • 1 test per beneficiary per annum.
<ul style="list-style-type: none"> • Spectacle Lenses 	<ul style="list-style-type: none"> • 1 pair of Optical Lenses per beneficiary, every 24 months. • Single vision lenses (excludes Bifocal Lenses, Multifocal Lenses and Contact Lenses) • Subject to the Optical Limit.
<ul style="list-style-type: none"> • Frames 	<ul style="list-style-type: none"> • R950 per beneficiary included in the Optical Limit.
<ul style="list-style-type: none"> • Readers If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a Registered Pharmacy. 	<ul style="list-style-type: none"> • R220 per beneficiary per annum.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Protocols.	<ul style="list-style-type: none"> • Subject to the Medshield Basic Pathology formulary, non-formulary tests subject to PMB level of care. • Only on referral.
GENERAL RADIOLOGY Subject to the relevant Radiology Protocols.	<ul style="list-style-type: none"> • Subject to the Medshield Basic Radiology formulary. • Only on referral.
SPECIALISED RADIOLOGY Pre-authorisation is required. Includes CT scans, MUGA scans, Radio Isotope studies, CT Colonography, Interventional Radiology.	<ul style="list-style-type: none"> • R8 950 per family, In- and Out-of-Hospital.
NON-SURGICAL PROCEDURES AND TESTS Services must be obtained from a Medshield Specialist Network provider. See page 15 for more information.	<ul style="list-style-type: none"> • Subject to the Day-to-Day Limit. • Test & Procedures not specified - No Benefit.
<ul style="list-style-type: none"> • Non-surgical Procedures and Tests in Practitioners' rooms 	<ul style="list-style-type: none"> • Unlimited if procedure is done in the practitioner's rooms, and specifically authorised. • According to the MediPhila Procedure List. • The use of GP Network applies. • Refer to Addendum B for the list of services.
<ul style="list-style-type: none"> • Routine Diagnostic Endoscopic Procedures in Practitioners' rooms 	<ul style="list-style-type: none"> • Unlimited if procedure is done in the practitioner's rooms, and specifically authorised. • According to the MediPhila Procedure List. • The use of GP Network applies. • Refer to Addendum B for the list of services.
MENTAL HEALTH Services must be obtained from a Medshield Specialist Network provider. See page 15 for more information. Includes Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling.	<ul style="list-style-type: none"> • PMB and PMB level of care.
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.	<ul style="list-style-type: none"> • Unlimited and included in the SmartCare Benefit.
MENTAL HEALTH MEDICINE Medicine Management of non-PMB Depression. Subject to the registration on the relevant Managed Healthcare Programme. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. Levies and co-payments to apply where relevant.	<ul style="list-style-type: none"> • R6 100 per beneficiary. • Subject to the medicine formulary and Chronic DSP from Rand one. • 20% upfront co-payment for the use of out-of-formulary medicine and/or for using a non-DSP.
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 15 for more information. Only applicable if no contraceptive medication is used. On application only and pre-authorisation applies. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> • 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.



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
DIABETIC AI RETINAL SCREENING Pre-authorisation applies and is subject to enrolment on the Diabetes Disease Management Programme. Clinical Protocols apply.	<ul style="list-style-type: none"> • R250 per beneficiary per annum. • For beneficiaries aged 40 years and older diagnosed with Type 1 or Type 2 Diabetes.
FLU VACCINATION	<ul style="list-style-type: none"> • 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).	<ul style="list-style-type: none"> • 1 per beneficiary aged 18 years and older, per annum.
NATIONAL HIV COUNSELLING TESTING (HCT)	<ul style="list-style-type: none"> • PMB and PMB level of care.
TB TEST	<ul style="list-style-type: none"> • 1 test per beneficiary, per annum.
WOMEN'S HEALTH	
BIRTH CONTROL (Contraceptive Medication) Only applicable if no intrauterine devices and alternatives are used.	<ul style="list-style-type: none"> • R2 080 per annum per female beneficiary aged 14-55 years, with a script limit of R160. • Covers a 1-month supply and 13 scripts per annum.
HPV VACCINATION (Human Papillomavirus) Cervarix or Gardasil.	<ul style="list-style-type: none"> • 1 course of 2 injections per female beneficiary aged 9-18 years.
MAMMOGRAM (Breast Screening)	<ul style="list-style-type: none"> • 1 per female beneficiary aged 30 years and older, per annum.

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
PAP SMEAR (excludes consultation fee)	<ul style="list-style-type: none"> 1 per female beneficiary, per annum.
MEN'S HEALTH	
PSA SCREENING (Prostate specific antigen)	<ul style="list-style-type: none"> 1 test per male beneficiary aged 40 years and older, per annum.
CHILDREN'S HEALTH	
CHILDHOOD VACCINATIONS Vaccination programme as per the Department of Health protocol and specific age groups.	<ul style="list-style-type: none"> 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, Haemophilus 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, Haemophilus 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, Haemophilus 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, Haemophilus 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	BENEFIT LIMITS AND COMMENTS
EMERGENCY MEDICAL SERVICES Pre-authorisation from the Emergency Services Provider is required. Including the following: <ul style="list-style-type: none"> 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. <i>Clinical Protocols apply.</i>	<ul style="list-style-type: none"> Unlimited. Scheme approval required for Air Evacuation.



The Application of Co-payments

The following services will attract upfront co-payments:

Specialist consultations and treatment - No GP referral obtained	20% upfront co-payment
Paediatric consultations (over the age of 2 years old) - No GP referral obtained	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 Specialist	30% upfront co-payment
Voluntary use of a non-Compact Network Hospital	30% upfront co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	30% upfront co-payment
Voluntary use of non-Compact Network Hospital for Mental Health admissions	30% upfront co-payment
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	35% upfront co-payment
Non-Network Emergency GP consultations (once the two allocated visits have been depleted)	40% 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	R1 800 upfront co-payment
Impacted Teeth, Wisdom Teeth and Apicectomy	R4 000 upfront co-payment
Elective Caesarean (non-PMB)	R5 000 upfront co-payment
Hysterectomy	R5 000 upfront co-payment

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



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.



OUT-OF-HOSPITAL

GP REFERRAL FOR SPECIALIST CARE

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.



SPECIALIST NETWORK DISCIPLINES

The Medshield Specialist Network includes the following disciplines:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Anaesthetics • Cardiology • Dermatology • Emergency Medicine • Gastroenterology • General Surgery • Gynaecology • Maxillo-facial and Oral Surgery • Neurology • Neurosurgery • Ophthalmology • Orthopaedic Surgery | <ul style="list-style-type: none"> • Otorhinolaryngology (ENT) • Paediatric Cardiology • Paediatric Surgery • Paediatrics • Plastic and Reconstructive Surgery • Psychiatry • Pulmonology • Rheumatology • Specialist Medicine • Thoracic Surgery • Urology |
|---|--|

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



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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, Rooyldene,
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

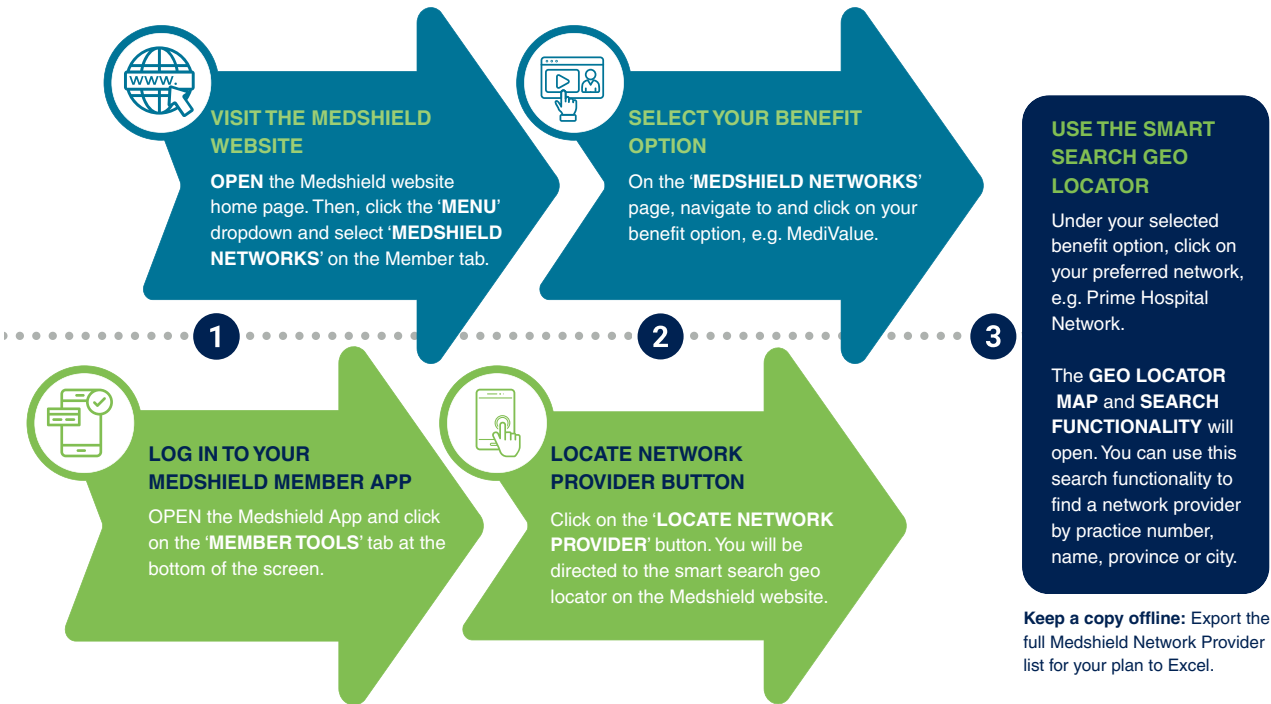


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How to Access Hospital and Network Providers for my benefit option

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



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
- **Prescribed 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.

- Q 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.

3 MEDICAL HISTORY REVIEW AND EXAMINATION

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.

4 VIRTUAL DOCTOR CONSULTATION (if needed)

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.

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)

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

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:
Freeport 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

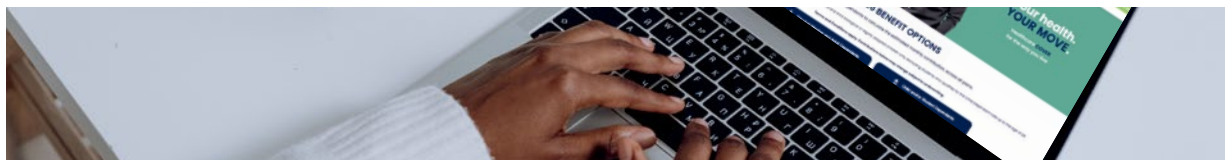
Remember, reports can be submitted anonymously or in confidence.



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 <ul style="list-style-type: none"> - 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 Email: medshieldapmb@mediscor.co.za
Mental Health		
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 <ul style="list-style-type: none"> - 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 / Hyperlipidaemia	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

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



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;
- Continuous Glucose Monitoring Devices and consumables;
- 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;
- Dectomies;
- 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, moderate/deep sedation and hospitalisation for dental work, except in the case of patients under the age of 6 years or with bony impaction of the third molars/ impacted/wisdom teeth;
- 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).

Maternity

- Pregnancy scans - 3D and 4D.

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;
- Lucentis, Eylea and Ozurdex for the treatment of Vitreoretinal conditions, unless specifically stipulated in the Annexure B (DSP applies);
- 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, parenteral 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 haemotronics 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

- Conservative Back and Neck Treatment;
- Epilation – treatment for hair removal (excluding Ophthalmology);
- Healthcare services including scans and scopes that could be done out of hospital and for which an admission to hospital is not necessary.
- 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;
- Investigations and diagnostic work-up unless stipulated in 3.7.6 or specified in Annexure B;
- Nail Disorders (unless stipulated or specified in Annexure B section in 13.3.1)

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);
- Internal Nerve Stimulators.
- 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;
- Arthroscopic unless PMB level of care;
- Back and Neck surgery (unless PMB level of care, DSP applies);
- 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;
- Correction of Hallux Vulgus and Bunionectomy
- Cosmetic surgery unless specifically authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols, unless PMB level of care;
- Deep brain stimulation for Parkinson's and intractable epilepsy
- Endoscopic Surgery and Laparoscopic Surgery unless specifically provided for, except for Laparoscopic Appendectomy which is PMB and PMB LOC in Annexure B, section D13 - Routine Diagnostic Endoscopic Procedures only if done in Dr Rooms;
- Erectile dysfunction surgical procedures;
- Gender reassignment medical or surgical treatment;
- Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
- Major joint replacement including but not limited to hips, knees, shoulders and elbows, unless PMB and PMB level of care, DSP applies
- Keloid surgery (except following severe burn scars on the face and neck, for functional impairment such as contractures (unless PMB level of care), excision of a tattoo, skin disorders, whether they are life-threatening or not, including benign growths
- 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);
- Nasal treatment or surgery including but not limited to septoplasties, osteotomies and nasal tip surgery functional nasal problems and functional sinus problems;

- Obesity (unless PMB, and unless 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);
- Rhizotomies and Facet Pain Blocks unless authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols (unless PMB and 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;
- Surgery for oesophageal reflux and hiatus hernia (unless PMB level of care, DSP applies);
- Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB);
- 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.



MEDSHIELD
medical scheme
Partner for Life

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 MediPlus

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 MediValue

 MediPhila

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Disclaimer

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.

All benefits in accordance with the Registered Rules of the Scheme. Terms and conditions of membership apply as per Scheme Rules. Pending CMS approval.

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