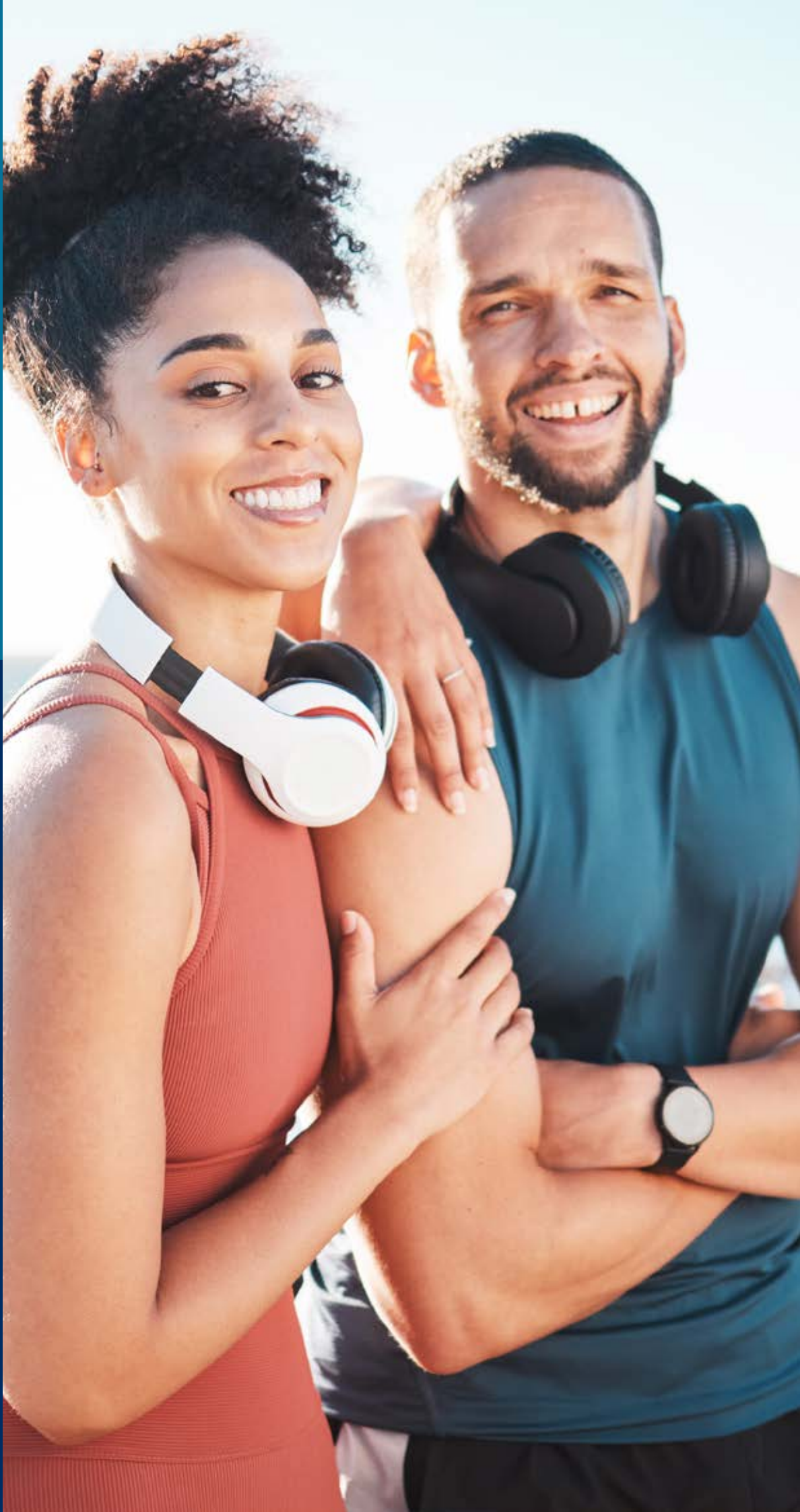




MediSwift

2024 Benefit Guide



Partner
FOR LIFE

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*Medshield,
where your healthcare journey
and our commitment intertwines*



Medshield Medical Scheme - Your Healthcare Partner for Life

Established in 1968 we are a trusted name in the healthcare cover industry. As a member of Medshield you can Live Assured knowing you have a healthcare **Partner for Life**.

- **Affordable Benefit Options** (9), innovatively designed to provide consistent cover for different healthcare needs and trends throughout life.
- **Highly effective managed care programmes** focussing on members' health and wellbeing.
- **Solid relationships with healthcare professionals and hospital groups** nationally enable easy access to care.
- **Innovative healthcare programmes** and extra value benefits focusing on members' health and wellbeing.
- The Scheme has a commitment to service excellence embodied in the **tailor-made approach to servicing and client retention activities**.
- The Medshield website login zone and the Mobile App **online platforms are available to service our members, at their convenience** – 24/7.
- The Council for Medical Schemes (CMS) **confirmed Medshield's Self-Administration Accreditation**. This means that we are able to keep our member contributions low, whilst ensuring the financial stability of the Scheme since we do not pay a separate organisation to administer the Scheme.
- As a **not-for-profit entity**, we are solely constituted for our members. Medshield has a very low administration fee.
- Medshield is **ISO 9001:2015 certified** which means our Quality Management System is of International Standard and delivers on member satisfaction – proving that our service structures is effective.
- The Scheme is **accredited as a Financial Services Provider** with the Financial Services Conduct Authority. This enables our registered representatives to provide financial advice to members to suitably address their unique, individual healthcare needs.
- Medshield has a **proven claims-paying ability** with an AA- GCR-rating for the 16th consecutive year.
- **Strong solvency rate/reserve is testament to financial stability** enabling the Scheme to subsidise portions of the annual contribution increases and provide **more benefits to members at a lower cost**.

Partner
FOR LIFE

MediSwift Benefit Option

MediSwift is the ideal hospital plan for active, healthy individuals. Major medical emergency and In-Hospital treatment are covered up to R1 million per family in the Compact Hospital Network, with the added benefit of day-to-day treatment for non-professional sports injuries. As a hospital plan, MediSwift offers no Day-to-Day benefits, allowing members the freedom to self-manage their daily healthcare expenses.



**Ambulance
Services**



**Major Medical
Benefits
(In-Hospital)**



**Oncology
Benefits**

**This is an overview of the
benefit categories offered on
the MediSwift option**



**Physiotherapy
Benefits**



**Chronic
Medicine
Benefits**



**Maternity
Benefits**



**Wellness
Benefits**



Important Member Information

Information members should take note of:

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

	Chronic Medicine Benefits Registration and approval on the Chronic Medicine Management Programme is a pre-requisite to access this benefit.		Scheme Rules/Protocols Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable.
Co-payments Some procedures might attract co-payments – review this Guide to obtain information on these services, or call the Medshield Contact Centre.			Designated Service Providers (DSPs) The Scheme uses DSPs for quality and cost-effective healthcare. Make use of the applicable DSPs to prevent co-payments.
Co-payments Some procedures might attract co-payments – review this Guide to obtain information on these services, or call the Medshield Contact Centre.			Networks Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools e.g. website and Member App, or from the Medshield Contact Centre.
	Chronic Medicine Benefits Registration and approval on the Chronic Medicine Management Programme is a pre-requisite to access this benefit.		Scheme Rules/Protocols Pre-authorisation is not a guarantee of payment and Scheme Rules/Protocols will be applied where applicable.
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Co-payments Some procedures might attract co-payments – review this Guide to obtain information on these services, or call the Medshield Contact Centre.			Networks Use the relevant Medshield Networks where applicable to avoid co-payments. These are available on our online tools e.g. website and Member App, or from the Medshield Contact Centre.

Gap Cover

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

Online Services

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

1. The Medshield Login Zone on www.medshield.co.za.
2. The Medshield Member App: Medshield's Apple IOS app and Android app are available for download from the relevant app store.
3. The Medshield Short Code SMS check: SMS the word BENEFIT to 43131, and receive a summary of available benefits. Mobile charges may apply.
4. Medshield E-Card: SMS the word "card" to 44292 and you will get an immediate response with a link to your electronic card. To open the link use the pin sent to the phone number registered with Medshield. Mobile charges may apply.

Use these convenient channels to:

- View your membership card digitally
- View your monthly statements
- View your current claims
- Submit a new claim
- Submit a query
- Update your contact details
- Access the document library
- View your authorisations
- Request a dental or hospital authorisation
- Access your tax certificate and member certificate
- Access the Provider Locator to search for healthcare professionals or establishments
- View the Scheme Rules; and
- Access the Virtual GP Consultation platform



Contributions and Claims



Monthly Contributions

MEDISWIFT OPTION	PREMIUM
Principal Member	R2 037
Adult Dependant	R1 986
Child	R522

DEFINITION:

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

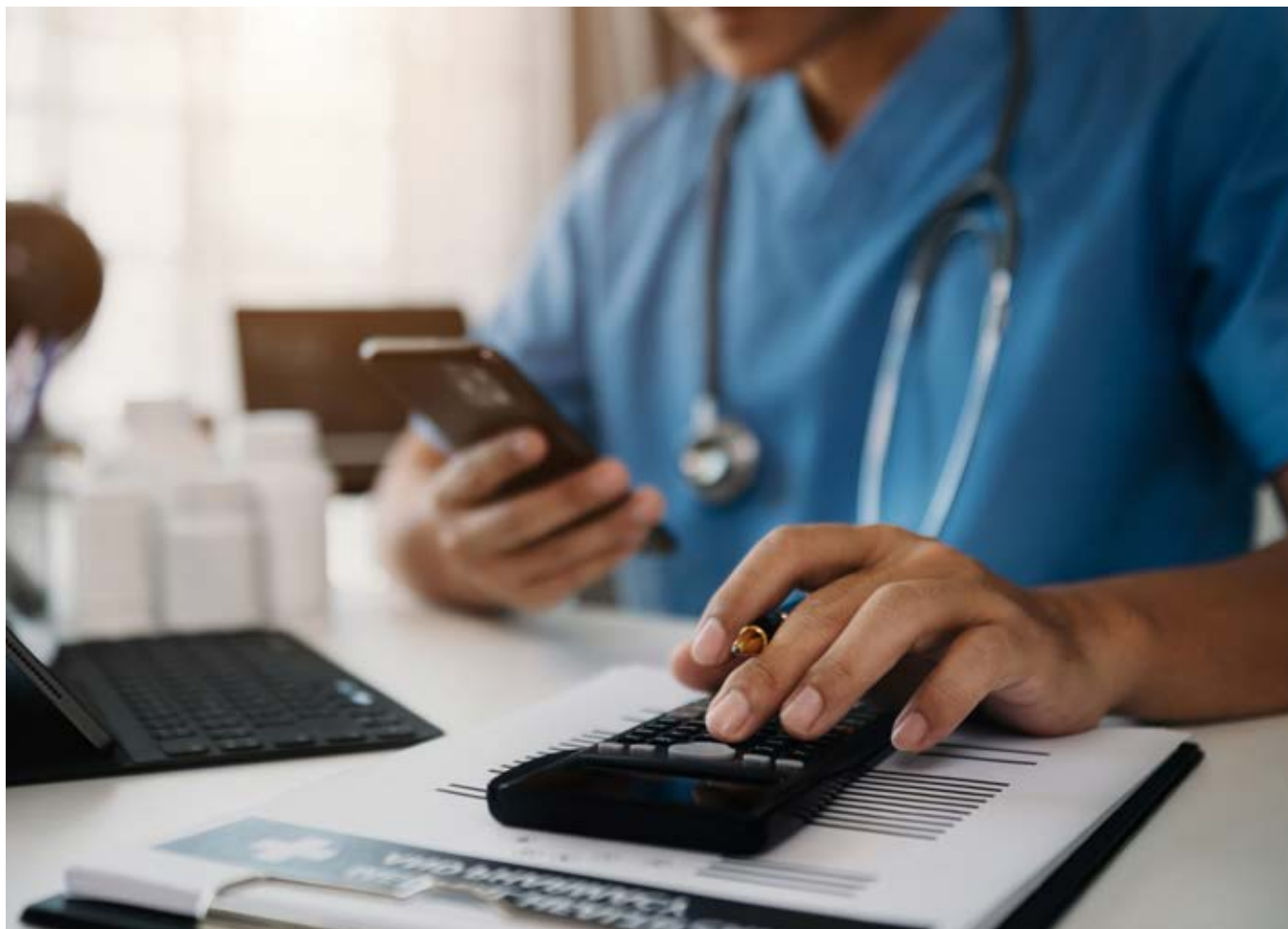
Child Dependant: A dependant under the age of 21 years, including a student (as per the Scheme Rules) under the age of 28.



Your Claims will be covered as follows

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

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



The Application of Co-payments

The following services will attract upfront co-payments:

Non-PMB Internal Prosthesis and Devices
 Voluntary use of a non-Compact Network Hospital
 Voluntary use of a non-Compact Network Hospital - Mental Health
 Voluntary use of a non-Compact Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant
 Voluntary use of a non-DSP for HIV & AIDS related medication
 Voluntary use of a non-DSP or a non-Medshield Pharmacy Network
 Voluntarily obtained out of formulary medication
 Voluntary use of a non-DSP provider - Chronic Renal Dialysis
 Voluntary use of a non-ICON provider - Oncology
 Voluntary consultation with a Medical Specialist without a referral from a Compact Network FP

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

25% upfront co-payment
30% upfront co-payment
30% upfront co-payment
30% upfront co-payment
40% upfront co-payment
40% upfront co-payment
40% upfront co-payment

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

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

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

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

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



Medshield Hospital-at-Home Benefit



All Medshield members are entitled to cover for Prescribed Minimum Benefits (PMBs), irrespective of your chosen benefit option. Medshield's Hospital-at-Home service, delivered by Quro Medical, offers safe alternatives to hospitals as the centres of patient care and management. The Hospital-at-Home service gives members the option to receive active treatment for a specified period at home instead of a general hospital ward, without compromising on the quality of care.

Hospital-at-Home will not replace the quality care that only a hospital can provide, but should be seen as a complementary service in specific instances. In fact, research shows that patients recover better and faster in their own homes – resulting in improved health outcomes and a more positive experience. Some patients are more vulnerable to hospital-acquired infections and developing new health complications. Therefore, they may benefit from receiving care at their home. Patients eligible for Hospital-at-Home are those who would usually need admission in a hospital general ward.

Quro Medical works closely with each patient and his or her treating doctor to develop a personalised treatment plan that can be delivered at home. During treatment, a patient's medical needs may change and, if necessary, treatment plans would be amended accordingly. The Quro Medical clinical team schedules regular home visits, daily or more frequently, depending on individual need, to deliver the treatment and care required. Other channels are also available that give patients access to advice and support outside of home visits.

Elements of care provided through the Hospital-at-Home service:

- Your doctor can monitor your condition day and night using digital technology. Additionally the service provides real-time hospital-grade monitoring at home by continuously collecting vital sign data (usually monitored in the hospital) wirelessly and automatically, and this data is closely monitored by a team of healthcare professionals in a 24-hour medical command centre

- Intravenous therapy
- In-person and virtual visits
- Skilled nursing
- Access to laboratory services, allied healthcare services e.g. physiotherapy, and short-term oxygen
- Rapid response protocols – if a patient's condition should worsen during treatment, the clinical team from Quro Medical will identify such changes and make the necessary arrangements, which may include an increase in visits, early review by the treating doctor and, rarely, transfer to hospital

Benefits of Hospital-at-Home

- Faster recovery and a better healthcare experience
- Care tailored towards the member's individual needs
- Recovery in a comfortable and familiar environment
- Fewer health complications and re-admission

This service will be funded from members' Alternatives to Hospital benefit in line with hospital benefit management protocols. At home treatment and monitoring is an alternative to a hospital admission and requires the consent of the patient. Members can either be referred to Quro Medical by their treating doctor, or they can request this service from their doctor when general ward admission is considered, or when they wish to be relocated to the home earlier during a hospital admission. Please note that this service needs to be pre-authorised and approved through the hospital pre-authorisation process by emailing preauth@medshield.co.za.

This is just the latest innovation that the Scheme has added to ensure our members always have access to safe, convenient and quality care when they need it most.

For more information, please call **Hospital Benefit Management** on **086 000 2121** and follow the prompts.



BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	Unlimited.
MOTOR VEHICLE ACCIDENTS/TRAUMA LIMIT	Unlimited.
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. Clinical Protocols apply.	R1 000 000 per family for non-PMB. Unlimited for PMB and PMB level of care. Specialist services from treating/attending Specialists are subject to pre-authorisation. Procedural co-payments may apply.
SURGICAL PROCEDURES As part of an authorised event.	Subject to the Hospitalisation Limit.
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the hospital benefit if on the hospital account or if obtained from a pharmacy on the day of discharge.	Limited to R220 per admission. According to the Maximum Generic Pricing or Medicine Price List and Formularies.
ALTERNATIVES TO HOSPITALISATION Treatment only available immediately following an event. Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. Includes the following: • Physical Rehabilitation • Sub-Acute Facilities • Nursing Services • Hospice • Terminal Care Clinical Protocols apply.	R22 800 per family per annum, subject to the Hospitalisation Limit. Use of DSP applies. 25% upfront co-payment applies for use of non-DSP. R43 500 per family per annum. Limited to and included in the Overall Annual Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. Hiring or buying of Appliances, External Accessories and Orthotics: • Stoma Products and Incontinence Sheets related to Stoma Therapy • CPAP Apparatus for Sleep Apnoea Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Preferred Provider. Clinical Protocols apply.	No Benefit. Subject to PMB and PMB level of care. Unlimited if pre-authorised. No benefit if not pre-authorised. Limited to PMB only.
OXYGEN THERAPY EQUIPMENT (excluding Hyperbaric Oxygen Treatment) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care.
HOME VENTILATORS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care.
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. Clinical Protocols apply.	Unlimited.
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners (FP).	Unlimited.



Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
SLEEP STUDIES Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. Includes the following: Diagnostic Polysomnograms Clinical Protocols apply.	Subject to the Hospitalisation Limit.
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. Includes the following: - Immuno-Suppressive Medication - Post Transplantation Biopsies and Scans - Related Radiology and Pathology - Corneal Grafts and Transplant (International) - Corneal Grafts and Transplant (Local) Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care, accumulates to the Hospitalisation Limit. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry. 25% upfront co-payment for the use of a non-Compact Network Hospital. R48 950 per beneficiary for internationally sourced cornea. Subject to the PMB and PMB level of Care. R21 000 per beneficiary for locally sourced cornea. Subject to the PMB and PMB level of Care.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. COVID-19 PCR/Antigen Test Clinical Protocols apply.	Subject to the Hospitalisation Limit. 1st test included in Overall Annual Limit, thereafter no benefit unless positive result which is then subject to PMB.
PHYSIOTHERAPY In-Hospital Physiotherapy is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). In lieu of hospitalisation, also refer to 'Alternatives to Hospitalisation' in this benefit guide.	R3 100 per beneficiary per annum, subject to the Sports Injury Limit. Thereafter no benefit unless specifically pre-authorised.
SPORTS INJURY (PHYSIOTHERAPY AND BIOKINETICS) In- or Out-of-Hospital Physiotherapy specifically related to sports injuries is subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Obtain pre-authorisation by contacting 086 000 2121 (+27 11 671 2011). Clinical Protocols apply.	R11 100 per beneficiary, limited to the Hospitalisation Limit. Thereafter no benefit unless specifically authorised for Sports Injuries, PMB or PMB level of care.
PROSTHESIS AND DEVICES INTERNAL Surgically implanted devices are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. Preferred Provider Network will apply. Surgical & Prosthetic formularies apply. Clinical Protocols apply.	R37 665 per family per annum, subject to the Hospitalisation Limit. 25% upfront co-payment applies, unless PMB. Unlimited PMB and PMB level of care for Orthopedic procedures. Sub-limits for hips and knees: R37 300 per beneficiary, subject to PMB and PMB level of care.
PROSTHESIS EXTERNAL Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider. Including Ocular Prosthesis Clinical Protocols apply.	Subject to Prosthesis and Devices Internal Limit. No co-payment applies to External Prosthesis.
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 2120 (+27 10 597 4701) and must be obtained from the DSP, Network Provider or Preferred Provider.	Subject to Prosthesis and Devices Internal Limit.
GENERAL RADIOLOGY As part of an authorised event and must be pre-authorised by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) Clinical Protocols apply.	Limited to and included in the Hospitalisation Limit. 1 Bone Densitometry scan per beneficiary per annum, In- or Out-of-Hospital.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. Includes the following: - CT scans, MUGA scans, MRI scans, Radio Isotope studies - CT Colonography (Virtual colonoscopy) - Interventional Radiology replacing Surgical Procedures Clinical Protocols apply.	R7 450 per family limited to and included in the Hospitalisation Limit. Subject to Specialised Radiology Limit. No co-payment applies to CT Colonography. Limited to and included in the Hospitalisation Limit.
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology Clinical Protocols apply.	Unlimited subject to PMB and PMB level of care. 40% upfront co-payment for the use of a non-DSP. Use of a DSP applicable from Rand one for PMB and non-PMB.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	Limited to and included in the Hospitalisation Limit.
NON-SURGICAL PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS The use of the Medshield Specialist Network may apply. Procedures and Tests in Practitioners' rooms Routine diagnostic Endoscopic Procedures in Practitioners' rooms	Unlimited if procedure is performed in Practitioners' rooms. Refer to Addendum B for a list of services. No benefits Out-of-Hospital. Unlimited if procedure is performed in Practitioners' rooms. No co-payment applicable In-Hospital for children 8 years and younger. Refer to Addendum B for a list of services.
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the Compact Hospital Network. The use of the Medshield Specialist Network may apply. Up to a maximum of 3 days if patient is admitted by a Family Practitioner. Rehabilitation for Substance Abuse 1 rehabilitation programme per beneficiary per annum Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling In-Hospital Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling Out-of-Hospital	R39 250 per family per annum, subject to the Hospitalisation Limit. 25% upfront co-payment for the use of a non-Compact Network Hospital. DSP applicable from Rand one for PMB and non-PMB admissions. Subject to PMB and PMB level of care. Subject to Mental Health Limit. Subject to PMB and PMB level of care.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 014 3258 and must be obtained from the DSP. Includes the following: - Anti-retroviral and related medicines - HIV/AIDS related Pathology and Consultations - National HIV Counselling and Testing (HCT)	As per Managed Healthcare Protocols. Out of formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP will have a 30% upfront co-payment .
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP. The use of the Medshield Specialist Network may apply. Clinical Protocols apply.	Limited to interventions and investigations only. Refer to Addendum A for the list of procedures and blood tests.



Oncology Benefits

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

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ONCOLOGY LIMIT (40% upfront co-payment for the use of a non-DSP). Active Treatment Including Stoma Therapy, Incontinence Therapy and Brachytherapy. Oncology Medicine Radiology and Pathology Only Oncology related Radiology and Pathology as part of an authorised event. PET and PET-CT Flushing of J line and/or port	Unlimited subject to PMB and PMB level of care. Accumulates to the Hospitalisation Limit. Subject to Oncology Limit. ICON Standard Protocols apply. Subject to Oncology Limit. ICON Standard Protocols apply. Subject to Oncology Limit. Subject to Oncology Limit. Subject to Oncology Limit. 6 visits per family per annum. Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS Subject to pre-authorisation from the Oncology Managed Healthcare provider. Vitreoretinal Benefit Vitreous and Retinal disorders. Subject to pre-authorisation. Clinical Protocols apply.	Subject to PMB and PMB level of care. Subject to PMB and PMB level of care.
BREAST RECONSTRUCTION (following an Oncology event only) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011) and services must be obtained from the DSP or Network Provider. The use of the Medshield Specialist Network may apply. Post Mastectomy (including all stages) Clinical Protocols apply.	R98 800 per family per annum, limited to and included in the Hospitalisation Limit. Co-payments and prosthesis limit as stated under Prosthesis is not applicable to Breast Reconstruction.



Chronic Medicine Benefits

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

Registration and approval on the Chronic Medicine Management Programme is a **pre-requisite to access this benefit**. If the Chronic Medicine requirements are not registered and approved, it is not covered and will result in out-of-pocket payments.

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

30% Upfront co-payment

will apply in the following instances:

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

This option covers medicine for all 27 PMB CDL's and an additional condition.

Re-imbursement at Maximum Generic Price

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
- The use of the Chronic DSP is applicable from Rand one. - Supply of medication is limited to one month in advance.	Limited to PMB only. Medicines will be approved in line with the Medshield Formulary and is applicable from Rand one.

How to apply for your Chronic Medicine

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

Follow these easy steps:

STEP 1

Your doctor or Pharmacist can call Mediscor on **086 000 2120** (Choose option 3 and then option 1) or email **medshieldauths@mediscor.co.za**.

You will need the following information:

- Membership details: Benefit Option name and your membership number
- Patient details: Name, Dependant code (on the back of your membership card) and date of birth
- Your Doctor's details: Initials, surname and practice number
- Diagnosis details: What chronic condition has been diagnosed and the ICD-10 code
- Prescribed medicine: Medicine name, strength and dosing frequency

If additional information or a motivation is required, we will contact you and/or your treating doctor.

STEP 2

Your registration will be evaluated in line with the Scheme Rules and Protocols by in-house qualified and registered pharmacists and pharmacy assistants.

Your application will be processed according to the formularies appropriate for the condition and Benefit Option.

Different types of formularies apply to the conditions covered under the various Benefit Options. You can check online if your medication is on the formulary for your

Benefit Option by visiting www.mediscor.co.za/search-client-medicine-Formulary/. If your medicine is not on the formulary for your Benefit Option you can ask your doctor if there is an alternative available that is on the formulary otherwise you will be liable for an upfront co-payment.

STEP 3

You will receive a standard medicine authorisation and treatment letter once your application for chronic medication have been processed.

If your registration requires additional test results or a motivation, you should follow up with your treating Doctor to provide this information.

STEP 4

Take your script to the Chronic Medicine Designated Service Provider (DSP) Network for your Benefit Option and collect your medicine or have it delivered to your home.

Chronic Medicine Authorisation Contact Centre hours

Mondays to Fridays: 07:30 to 17:00



MEDISWIFT CHRONIC DISEASE LIST

Addison's disease	Chronic obstructive pulmonary disease	Epilepsy	Parkinson's disease
Asthma	Coronary artery disease	Glaucoma	Rheumatoid arthritis
Bi-Polar Mood Disorder	Crohn's disease	Haemophilia	Schizophrenia
Bronchiectasis	Diabetes insipidus	Hyperlipidaemia	Systemic lupus erythematosus
Cardiac failure	Diabetes mellitus type 1	Hypertension	Ulcerative colitis
Cardiomyopathy	Diabetes mellitus type 2	Hypothyroidism	Depression
Chronic renal disease	Dysrhythmias	Multiple sclerosis	



Dentistry Benefits

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY In-Hospital (only for beneficiaries under the age of 6 years old for extensive Basic Dentistry). Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2120 (+27 10 597 4701). Failure to obtain an authorisation prior to treatment will result in a 20% penalty. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Services must be obtained from the Compact Hospital Network.	Unlimited.
MAXILLO-FACIAL SURGERY All services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011). Non-elective surgery only. According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the Compact Hospital Network. The use of the Medshield Specialist Network may apply.	R14 300 per family per annum, subject to and included in the Hospitalisation Limit.





A **Medshield complimentary baby bag** can be requested during the 3rd trimester. Kindly send your request to medshieldmom@medshield.co.za.



Maternity Benefits

Benefits will be offered during pregnancy, at birth and after birth. Subject to pre-authorisation with the relevant Managed Healthcare Programme prior to hospital admission. Benefits are allocated per pregnancy subject to the Overall Annual Limit, unless otherwise stated.

6 Antenatal Consultations per pregnancy.

The use of the Medshield Specialist Network may apply.

4 Visits per event
For **Antenatal Classes & Postnatal Midwife Consultations.**

Two 2D Scans per pregnancy.

One Amniocentesis test
per pregnancy.

CONFINEMENT

Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 2121 (+27 11 671 2011).

The use of the Medshield Specialist Network may apply.

- **Confinement In-Hospital**
- **Delivery by a Family Practitioner or Medical Specialist**
- **Confinement in a registered birthing unit or Out-of-Hospital**
 - Delivery by a registered Midwife or a Practitioner
 - Hire of water bath and oxygen cylinder

Clinical Protocols apply.

Subject to the Hospitalisation Limit. Use of the Compact Hospital Network applies. **25% upfront co-payment** will apply for the use of a non-DSP.

Subject to the Hospitalisation Limit.
Subject to the Hospitalisation Limit.

Subject to the Hospitalisation Limit.
Subject to the Hospitalisation Limit.

Especially for Medshield MOMs

Motherhood is so much more than giving birth to a child. It's loving and knowing a soul before you even see it. It's carrying and caring for a life completely dependent on you for survival. It's giving air to the lungs that grew within you, and sight to the eyes that will look to you for answers to life's questions.

The Medshield MOM dedicated website will assist women on their journey to motherhood, through all the various stages of pregnancy, birth and postpartum, ensuring that parents and parents-to-be are aware of the pregnancy-related benefits they enjoy as Medshield members.

The website, www.medshieldmom.co.za is an easy-to-use online resource to access a hub of important content related to health, fitness, nutrition, the body, motherhood, babies, toddlers and more, all suited to the pre- and post-partum phases.



A guide
on your journey
from **beginning**
to **end**

Advice formulated
by **professionals**



Emails with updates
on the **size & development**
of your **unborn child**



Convenient, easily
accessible and **reliable**
pregnancy resources

Email reminders
to schedule
appointments
with your doctor
and to apply
for hospital
pre-authorisations etc.

Endorsed by
ambassadors



Toddler benefit which
incorporates information relating
to child immunisation, child
nutrition, a **24/7 nurse helpline**
and digital/online child yoga

Moms may register and input the particular week of their pregnancy journey, and they will start receiving content based on that specific time frame and moving forward.

The Medshield MOM bags are locally manufactured, using sustainable, recycled material. These unique bags are packed with fantastic Bennetts products for your little one. Moms can get in touch with us during their third trimester to book a bag. Email medshieldmom@medshield.co.za with your request, membership number, contact details and delivery address.

The Bennetts and Medshield MOM partnership also brings you incredible content and information to assist you along your journey.



Medshield walks the pregnancy journey alongside our moms. A health cover partner that is committed to mom care and new life, ensuring that the next generation of South Africans are all born healthy, happy and stay that way.





SmartCare Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network compulsory from Rand one.	Unlimited.
NURSE-LED VIDEOMED FAMILY PRACTITIONER (FP) CONSULTATIONS Subject to the use of the SmartCare Family Practitioner (FP) Network.	1 visit per family subject to the Overall Annual Limit.

SmartCare

SmartCare provides access to Videomed, telephone and video consultation through specified healthcare practitioners. **SmartCare** is an evolving healthcare benefit that is designed around offering members the convenience of easy access to care.

SMARTCARE SERVICES:

Acute consultations:

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

Chronic consultations:

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



Member visits
SmartCare
supported
Pharmacy.



Nurse confirms
Medshield benefits.



Full medical
history and clinical
examination by
registered nurse.

4



Recommends
Over-the-Counter
medicine.

or



Nurse advises that the member requires a doctor consultation. Nurse dials doctor on Videomed and assist doctor with medical history, additional tests and examination. Doctor generates script and sends script to printer at Nurse's station, while Nurse counsels the member.

5



Member collects
Over-the-Counter
medication.

or

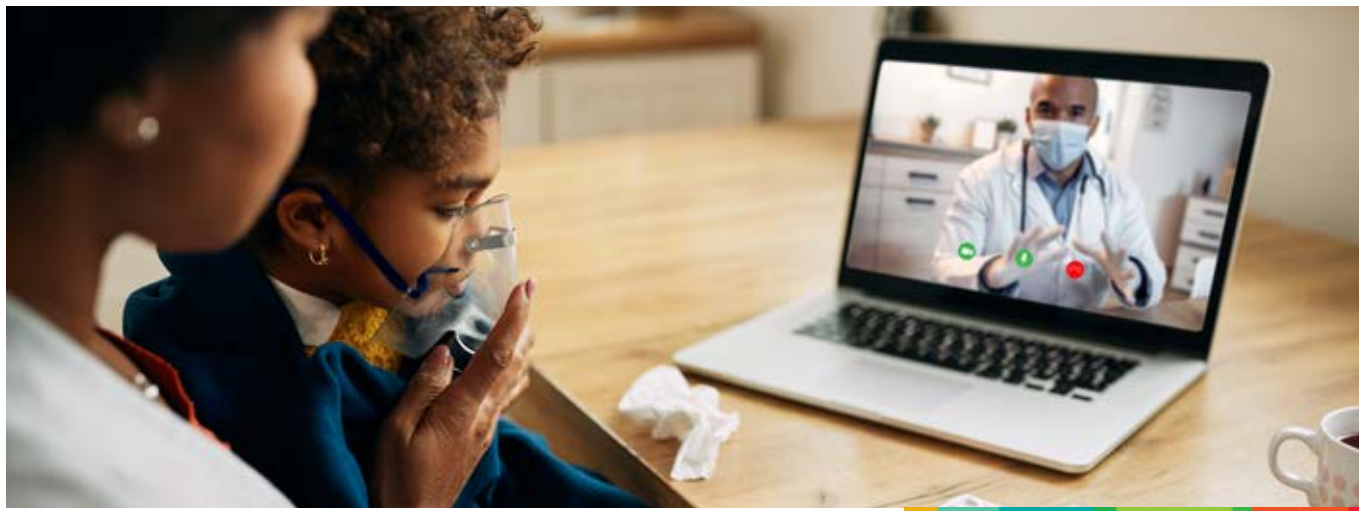


Member collects
medication from
dispensary.

healthforce

CLICKS

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



Visit your Doctor without leaving your home!

VIRTUAL FAMILY PRACTITIONER CONSULTATION

You can now consult with a qualified Family Practitioner (FP) via computer, smartphone or tablet from the comfort of your home or private space - all you need is an internet connection!

Our partnership with Intercare gives all members reliable and secure access to video consultation with a FP through our Virtual FP Consultation portal on the home page of the Medshield website.



HOW DOES IT WORK?

STEP 1

Click on the link on the Medshield home page at www.medshield.co.za and follow the Virtual Family Practitioner Consultation link. (see image below)

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

The Medshield Member App is available for download from the relevant Apple IOS, Android or Huawei store.

STEP 2

Once you followed the link you need to enter the patient details on a virtual form. After submitting the form a system check confirms that you are a valid member and that you have benefits available. Your benefits is included in your Family Practitioner: Out-of-Hospital benefits for your Benefit Option.

STEP 3

You will receive a SMS with an OTP on the number you have entered on the form. By entering the OTP, you consent to the Virtual Consultation and you will be placed in a queue for the next available Doctor to consult with you.

STEP 4

During the consultation the Family Practitioner might suggest a sick note, or prescribe medicine and will email this to you to the address you added in Step 2 on the Patient Detail form.

STEP 5

Please note that only scripts up to and including Schedule 4 medication may be e-mailed to a patient. Higher scheduled medicine will only be accepted by pharmacies enabled with electronic scripting. The consulting Doctor can provide further guidance.



Day-to-Day Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL FP consultations and visits can be accessed in-person, telephonically or virtually. Medshield Family Practitioner (FP) Network Consultations and Visits Out-of-Hospital. The use of the Medshield Family Practitioner Network applies.	2 per beneficiary from the Overall Annual Limit.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Medshield Specialist Network may apply.	1 visit per family subject to the referral authorisation by the nominated Network FP. Limited to and included in the Overall Annual Limit. Thereafter no benefit. No referral will result in a 40% co-payment .



Wellness Benefits

Your Wellness Benefit encourages you to take charge of your health through preventative tests and procedures. At Medshield we encourage members to have the necessary tests done at least once a year. Wellness Benefits are subject to the use of Pharmacies that are included in your benefit option's Pharmacy Network, available at www.medshield.co.za.

Unless otherwise specified, benefits are subject to the Overall Annual Limit, thereafter no benefit.
Consultations are excluded for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
COVID-19 Vaccination Subject to relevant Managed Healthcare Programme. Limited to Scheme Vaccination Formulary. Excludes consultation costs.	Subject to the Overall Annual Limit. Protocols apply.
Birth Control (Contraceptive Medication)	Restricted to 1 month's supply to a maximum of 13 prescriptions per annum per female beneficiary between the ages of 14 - 55 years old , with a script limit of R210 .
Flu Vaccination	1 per beneficiary 18+ years old , included in the Overall Annual Limit. Thereafter no benefit.
Health Risk Assessment (Pharmacy or Family Practitioner)	1 per beneficiary 18+ years old per annum.
HPV Vaccination (Human Papillomavirus)	1 course of 2 injections per female beneficiary, 9 - 13 years old . Subject to qualifying criteria.
National HIV Counselling Testing (HCT)	1 test per beneficiary per annum.
Pap Smear	1 test per female beneficiary per annum.
Pneumococcal Vaccination	1 per annum for high risk individuals and for beneficiaries 60+ years old .
PSA Screening (Prostate specific antigen)	1 test per male beneficiary between the ages of 50 - 69 years old , included in the Overall Annual Limit. Thereafter no benefit.
TB Test	1 test per beneficiary.
Child Immunisations: Immunisation programme as per the Department of Health Protocol and specific age groups:	
At Birth: Tuberculosis (BCG) and Polio OPV.	
At 6 Weeks: Polio (OPV), Diptheria, Tetanus, Pertussis (Whooping Cough)(DTP), Hepatitis B, Hemophilus Influenza B (HIB), Rotavirus, Pneumococcal.	
At 10 Weeks: Polio, Diptheria, Tetanus, Pertussis (Whooping Cough)(DTP), Hepatitis B, Hemophilus Influenza B (HIB), Pneumococcal, Rotavirus(Optional).	
At 14 Weeks: Polio, Diptheria, Tetanus, Pertussis (Whooping Cough)(DTP), Hepatitis B, Hemophilus Influenza B (HIB), Rotavirus, Pneumococcal.	
At 6 Months: Measles MV(1).	
At 9 Months: Measles, Pneumococcal and Chickenpox CP.	
At 12 Months: Measles MV (2).	
At 15 Months: Chickenpox CP.	
At 18 Months: Polio, Diptheria, Tetanus, Pertussis (Whooping Cough)(DTP), Measles, Mumps and Rubella (MMR).	
At 6 Years: Polio, Diptheria and Tetanus (DT).	



The following tests are covered under the Health Risk Assessment:

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

Child Immunisation

Through the following providers:

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

Health Risk Assessments

Can be obtained from:

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

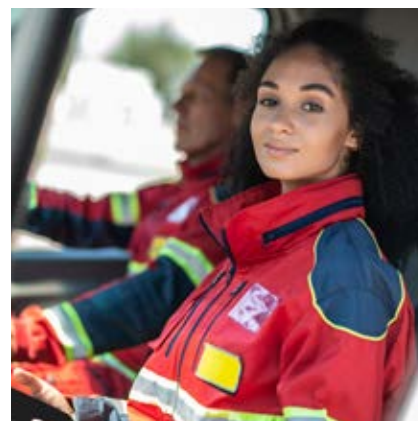


Ambulance Services

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

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

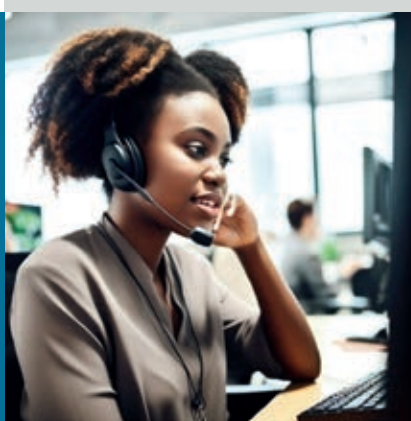
24 Hour access
to the Emergency
Operation Centre



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

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

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



Telephonic
medical advice



Prescribed Minimum Benefits (PMB)

Introduction

All Medshield members are entitled to cover for Prescribed Minimum Benefits (PMBs), irrespective of your chosen benefit option. Medshield covers the cost of treatment for a PMB, provided that the services are rendered by a provider that is one of Medshield's Designated Service Providers (DSP) and according to the Scheme Rules.

This document provides detailed information on how Medshield covers PMBs, both if you are admitted to hospital (In-Hospital) or receive treatment without being admitted to hospital (Out-of-Hospital).

Please note that PMBs have specific requirements according to the Scheme Rules, and these vary depending on your chosen benefit option. It is therefore important that you take note of your benefit option and the PMB requirements pertaining to your option, as detailed in this Guide.

What is a Prescribed Minimum Benefit (PMB)?

The Medical Schemes Act 131 of 1998 stipulates that all medical schemes have to cover the costs related to the diagnosis, treatment and care of the following:

1. Any life-threatening medical emergency
2. A defined set of 26 Chronic Disease List (CDL) conditions
3. 271 DTP diagnoses

The Council of Medical Schemes website at www.medicalschemes.co.za/resources/pmb/ provides the list of conditions identified as Prescribed Minimum Benefits.

Explaining the various terms and what they mean when talking PMB's

TERM	DESCRIPTION AS IT RELATES TO PMBs
Care Plan	A plan with details of approved treatment, Doctor visits, pathology, radiology etc. to treat your condition. For the 26 CDL conditions and the 271 DTP (Non-CDL conditions) an annual Care Plan will be generated upon approval of a PMB application. The PMB application form is available on www.medshield.co.za . Important: If you need additional treatment or benefits than what is stipulated on the Care Plan, you need to apply to the Scheme. (Please refer to the 'Your Medshield Cover for PMB' section of this document for more details per benefit option).
CDL Chronic Disease List	A defined list of 26/27 chronic conditions that we cover according to the Medical Schemes Act.
Co-payment	This is an amount that you need to pay towards a healthcare service/or treatment. - A co-payment can be levied on specific procedures/services/treatment, and is specified in your specific option's benefit guide available on www.medshield.co.za. - A co-payment is also the difference between the cost of the service provider and the amount the Scheme pays, as detailed in your option's benefit guide. To minimise co-payments it is important that you obtain healthcare services from the dedicated DSPs on the various networks for your chosen benefit option, available on www.medshield.co.za .
Day-to-Day Limit	The Day-to-Day limit is an allocation to members from Risk. The Day-to-Day limit is available on the MediBonus, MediPlus Prime & Compact, MediValue Prime and Compact and the MediPhila benefit options.
DSP Designated Service Providers	Each benefit option has specific networks of Designated Service Providers, which are healthcare providers (such as doctors, specialists, pharmacies, hospitals, optometrists and dentists) who provide treatment to Medshield members at a contracted rate. You are encouraged to use only these DSP's for healthcare services to ensure that you don't have to pay co-payments. Visit www.medshield.co.za and click on Member Networks under the Member tab or click on Networks on the Medshield app to view the full list of DSPs per benefit option.
DTP Diagnosis and Treatment Pair	A Diagnosis and Treatment Pair links a specific diagnosis to a treatment based on best practice healthcare and affordability of the treatment, and broadly indicates how these 271 DTP PMB conditions should be treated. Should there be a disagreement about the treatment of a specific case, the standards (also called practice and protocols) in force in the public sector will be applied.
Hospital Plan	Medshield's Hospital Plan (MediCore & MediSwift) do not have a Savings or Day-to-Day Limit.

TERM	DESCRIPTION AS IT RELATES TO PMBs
In-Hospital	Treatment received whilst admitted in a hospital.
ICD-10	ICD-10 code is an international diagnostic coding standard owned and maintained by the World Health Organisation (WHO).
Out-of-Hospital	Treatment received without being admitted to a hospital.
PMB	The Medical Schemes Act 131 of 1998 stipulates that all medical schemes have to cover the costs related to the diagnosis, treatment and care of a defined list of conditions. These conditions are available on the Council for Medical Schemes' website at www.medicalschemes.co.za/resources/pmb/ .
PMB Level of Care	The treatment needed for your PMB condition, based on the guidelines and established practices at most public hospitals or government facilities.
Risk (OAL)	The Scheme covers the costs, and it is not taken from your benefits as shown on your option's benefit guide.
Related Claims	Any claim from a healthcare service provider other than the hospital account, for one specific healthcare event and treatment/services that stems from that event.
Savings	Personal Medical Saving Account consist of actual contributions received from members. These are available on the PremiumPlus and MediSaver benefit options.
Scheme Rules	According to the Medical Schemes Act, the Scheme Rules of a medical scheme shall be binding on both the Scheme and its members. The Rules contain the exact details of benefits payable by the medical scheme and include the specific benefits pertaining to each benefit option, the rate of reimbursement, sub-limits or co-payments that may apply, exclusions, the use of DSPs etc. All medical scheme memberships are governed by the Rules of the medical scheme that regulate the relationship with all members equally. The Scheme Rules can be requested via the Medshield website on www.medshield.co.za .



Important checklist about accessing benefits for a PMB condition

- The condition must qualify as a PMB and must be on the Chronic Disease List or 271 DTP, or a life-threatening medical emergency
- When diagnosed your treatment must match those in the defined benefits available on the PMB list. Check whether your chosen benefit option qualifies as PMB Level of Care payment or PMB, as some options allow richer treatment than what is specified as PMB Level of Care
- It is important to use the Designated Service Providers as specified on your chosen benefit option. If your option has preferred networks for chronic medicine, hospitals, pharmacies or healthcare providers, you have to obtain services from those providers otherwise you might be liable for a portion or the whole cost, or it might pay from your Day-to-Day allocation or Savings portion
- Scheme Rules apply – even if your condition is identified as a PMB you have to follow the rules as set out by your benefit option
- Review the requirements in this Guide to ensure you complete a PMB application form when required

Your Medshield Cover for a PMB

PMB cover can be divided into 2 groups:

1. In-Hospital admissions for the treatment of a PMB
2. Out-of-Hospital management of a PMB condition

1. In-Hospital admissions for the treatment of a PMB

If you are diagnosed with a PMB condition that requires hospitalisation, you have to follow the Medshield hospital authorisation process. All costs for stay and treatment has negotiated rates so it is important for you to use a hospital that is part of the Hospital Network on your chosen benefit option. Specialist services obtained whilst admitted is paid at the Scheme rate. If the Scheme rate does not cover the full amount of the claim, you need to apply to the Scheme and request that the Specialists rate be paid at cost instead of the Scheme rate via pmbapplications@medshield.co.za. The Scheme will review the request and might request additional information.

2. Out-of-Hospital treatment and management of a PMB

26 CDL CONDITIONS

If you have been diagnosed with a condition that forms part of the CDL list:

- Apply to Mediscor to obtain authorisation. Contact details are available on the Scheme website at www.medshield.co.za.
- If your condition changes or you require additional treatment after the treatment on your Care Plan has been used, you need to complete a PMB Application form together with your treating provider to obtain authorisation and approval. The PMB Application form is available under the member tab of on the Scheme website at www.medshield.co.za.
- If approved, you will receive a new Care Plan with the additional treatment specified.

It is important to note that payment for these conditions are benefit option specific:

- **MediBonus, MediPlus Prime and Compact, MediValue Prime and Compact, MediPhila**
The Day-to-Day limit on your benefit option or plan is an allocation given to members from Risk. Therefore a PMB will pay from your Day-to-Day limit until it is 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).
- **PremiumPlus, MediSaver**
Personal Medical Savings Accounts consist of actual contributions received from members, and therefore the costs of the treatment detailed on the Care Plans are paid directly from Risk (OAL). If a member has paid out of pocket for services that was approved and appear on the Care Plan, then the member can request the Scheme to reprocess those claims. It is important to note that this applies only to the services listed on the approved Care Plan.
- **MediCore, MediCurve and MediSwift**
The costs of the treatment detailed on the Care Plans are paid directly from Risk (OAL).
For additional treatment members need to complete a PMB application form.

271 DTP CONDITIONS

- Members on all options that has been diagnosed with a DTP condition need to, together with their treating doctor, complete a PMB application form with details of treatment required.
- If you do not complete a PMB Application form the treatment will be paid from your available Day-to-Day or Savings, and if depleted you will be liable for the costs.
- Submit the PMB Application form to pmbapplications@medshield.co.za.
- Once clinically reviewed and approved you will receive a Care Plan (treatment plan) which details the approved treatment that are covered for your condition.

COVID-19 as a PMB

Covid-19 is included under the respiratory DTP PMB conditions. When you suspect that you have COVID-19, you will most likely go to a doctor to be diagnosed and after the consultation may be required to do a COVID-19 PCR or SARS-CoV-2 Antigen test. You will need to be referred by a registered healthcare practitioner (Doctor or Nurse) in order to access this benefit and payment will be accorded as per the Scheme Rules. Please note that your cover includes either a PCR or an Antigen test, but not both in one diagnosis. This is a pathology test and the results will be either positive or negative.

COVID-19 Access to Care

COVID-19 PCR Test OR Antigen Tests (Please refer to the Medshield PMB Guide for more detail)	• 1st COVID PCR or Antigen test included in Overall Annual Limit (OAL), whether the result is positive or negative. (Please read below as well) • 2nd and subsequent negative PCR or Antigen tests are paid from your Savings or Day-to-Day limit. If these are depleted you will be liable to pay out-of-pocket for these tests. Please note for reimbursement you would need to have been referred for testing by a registered healthcare practitioner (Doctor or Nurse) due to having signs and symptoms attributable to a COVID-19 infection. The aforementioned excludes tests for travel purposes. • 2nd and subsequent positive PCR or Antigen tests are funded from your available Day-to-Day benefit or Savings first, and if depleted from OAL because a positive result is PMB eligible. • You should email the positive results to member@medshield.co.za and then the pathology test will retrospective be paid as a PMB from Risk. You need to complete a PMB Application form to apply for related benefits to be paid from Risk (Clinical Protocols apply). Please note for reimbursement you would need to have been referred for testing by a registered healthcare practitioner (Doctor or Nurse) due to having signs and symptoms attributable to COVID-19 infection. The aforementioned excludes tests for travel purposes and non-symptomatic COVID-19 infections. - The Day-to-Day limit is an allocation to members from Risk. Therefore the COVID-19 treatment as a PMB will pay from your Day-to-Day limit until it is depleted and will then continue to pay from Risk (OAL). You need to complete a PMB Application form to apply for related benefits to be paid from Risk otherwise you might be responsible to settle the costs once your Day-to-Day benefit is depleted (Clinical Protocols apply). - Personal Medical Savings Accounts consist of actual contributions received from members, and therefore the costs of 2nd, and subsequent, positive tests will be retrospectively reviewed for possible reimbursement to the Savings account. You need to complete a PMB Application form to apply for related benefits to be paid from Risk (Clinical Protocols apply).
Telephonic and Video Doctor Consultations	• Safe consultation with your Family Practitioner • Access to current Doctors via remote consultation (telephonic and video) • Pays from available Family Practitioner Consultations and Visits: Out-of-Hospital benefit
Video and Nurse Consultations SmartCare	• SmartCare covers members for Nurse-led and Videomed doctor consultations • Available benefit on all Medshield 2024 benefit options • A one-stop healthcare facility that is convenient, quick and efficient • The amount of visits and Videomed consultations are dependent on the member's chosen benefit option • Available at any SmartCare-enabled clinic or pharmacy in South Africa • The list of SmartCare enabled clinics are available on the Medshield website at www.medshield.co.za/medshield-networks/
Online assessments and consultations SmartCare WhatsApp Doc	• Free mobile doctors consultations • Assessments for COVID-19 • Available to all Medshield members • WhatsApp 'Hi' to 087 250 0643 • Monday to Friday 9am – 5pm and Saturday 9am – 1pm • Calls charged at local call rates
Easy access to your Chronic Medicine – delivered to your home	• Have Chronic Medicine delivered to your home • MediValue Compact; MediPlus Compact; MediCore, MediPhila, MediValue Prime: Obtain medicine from Clicks Retail pharmacy or register with Clicks Direct (Chronic Courier) on 0861 444 405 or Pharmacy Direct (HIV Medicine) on 086 002 7800, to deliver • Premium Plus, MediBonus, MediSaver, MediPlus Prime: Obtain your chronic medication from your DSP i.e. Dischem, Clicks Retail pharmacy, or register with Clicks Direct (Chronic Courier) on 0861 444 405 to deliver
Flu Vaccine	• Paid from Wellness Benefit • Available to adults older than 18 years • Available at Medshield Pharmacy Network providers, Clicks Pharmacies and selected SmartCare Clinics • Visit the website at www.medshield.co.za/medshield-networks/ for a list of providers
Pneumococcal Vaccine	• High-risk members • Seniors over 60 years of age • Pre-existing conditions e.g. heart conditions, lung conditions, chronic renal disease, Diabetes and immuno-compromised members • Available on Wellness Benefit (excluding MediPhila members)

Addendum A

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

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

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

Addendum B

PROCEDURES AND TESTS IN PRACTITIONERS' ROOMS

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

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

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

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



Exclusions

Alternative Healthcare Practitioners

Herbalists;
Therapeutic Massage Therapy (Masseurs);
Aromatherapy;
Ayurvedics;
Iridology;
Reflexology.

Appliances, External Accessories and Orthotics

Appliances, devices and procedures not scientifically proven or appropriate;
Back rests and chair seats;
Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
Beds, mattresses, pillows and overlays;
Cardiac assist devices – e.g. Berlin Heart (unless PMB level of care, DSP applies);
Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories) (unless PMB level of care);
Electric tooth brushes;
Humidifiers;
Ionizers and air purifiers;
Orthopaedic shoes and boots, unless specifically authorised and unless PMB level of care;
Pain relieving machines, e.g. TENS and APS;
Stethoscopes;
Oxygen hire or purchase, unless authorised and unless PMB level of care;
Exercise machines;
Insulin pumps unless specifically authorised;
CPAP machines, unless specifically authorised;
Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products

Hemopure (bovine blood), unless acute shortage of human blood and blood products for acutely anemic patients.

Dentistry

Exclusions as determined by the Scheme's Dental Management Programme:

Preventative Care

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

Fillings/Restorations

Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
Resin bonding for restorations charged as a separate procedure to the restoration;
Polishing of restorations;

Gold foil restorations;
Ozone therapy.

Root Canal Therapy and Extractions

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

Plastic Dentures/Snoring Appliances/Mouth guards

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

Partial Metal Frame Dentures

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

Crown and Bridge

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

Implants

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

Orthodontics

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

Periodontics

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

Maxillo-Facial Surgery and Oral Pathology

The auto-transplantation of teeth;
Sinus lift procedures;

The closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);
Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs.

Hospitalisation (general anaesthetic);

Where the reason for admission to hospital is dental fear or anxiety;
Multiple hospital admissions;
Where the only reason for admission to hospital is to acquire a sterile facility;
The cost of dental materials for procedures performed under general anaesthesia.

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

Apicectomies;
Dentectomies;
Frenectomies;
Conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children above the age of 6 years and adults;
Professional oral hygiene procedures;
Implantology and associated surgical procedures;
Surgical tooth exposure for orthodontic reasons.

Additional Scheme Exclusions

Special reports;
Dental testimony, including dentolegal fees;
Behaviour management;
Intramuscular and subcutaneous injections;
Procedures that are defined as unusual circumstances and procedures that are defined as unlisted procedures;
Appointments not kept;
Treatment plan completed (code 8120);
Electrognathographic recordings, pantographic recordings and other such electronic analyses;
Caries susceptibility and microbiological tests;
Pulp tests;
Cost of mineral trioxide;
Enamel microabrasion.
Dental procedures or devices which are not regarded by the relevant Managed Healthcare Programme as clinically essential or clinically desirable;
General anaesthetics, moderate/deep sedation and hospitalisation for dental work, except in the case of patients under the age of 6 years or with bony impaction of the third molars/impacted/wisdom teeth;
All general anaesthetics and moderate/deep sedation in the practitioner's rooms, unless pre-authorised.

Hospitalisation

If application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable;
Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution (unless specifically provided for in Annexure B) (unless PMB level of care, then specific DSP applies);
Nursing services or frail care provided other than in a hospital shall only be available if pre-authorised by a Managed Health Care Provider;
Frail care services shall only be considered for pre-authorisation if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre or nurse;

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

Infertility

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

Maternity

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

Medicine and Injection Material

Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and sun tanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;
Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
Food and nutritional supplements including baby food and special milk preparations unless PMB level of care and prescribed for malabsorptive disorders and if registered on the relevant Managed Healthcare Programme; or for mother to child transmission (MTCT) prophylaxis and if registered on the relevant Managed Healthcare Programme;
Injection and infusion material, unless PMB and except for outpatient parenteral treatment (OPAT) and diabetes;
The following medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme:
Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB level of care, DSP applies);
Liposomal amphotericin B for fungal infections (unless PMB level of care, DSP applies);
Protein C inhibitors, for septic shock and septicaemia (unless PMB level of care, DSP applies);
Any specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB level of care, DSP applies). Avastin, Lucentis, Eylea and Ozurdex for the treatment of Vitreoretinal conditions is not excluded, unless stipulated in the Annexure B (DSP applies);
Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9 week regimen as used in ICON protocol (unless PMB level of care, DSP applies);
Trastuzumab for the treatment of metastatic breast cancer (unless PMB level of care or included in the ICON protocol applicable to the member's option, DSP applies).
Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0,1 and 2 medicines supplied by a registered pharmacist);
Medicines for intestinal flora;

Medicines defined as exclusions by the relevant Managed Healthcare Programme;

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

Medicines not authorised by the relevant Managed Healthcare Programme;

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

Slimming preparations for obesity;

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

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

Infants and pregnant mothers;

Malabsorption disorders;

HIV positive patients registered on the relevant Managed Healthcare Programme.

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

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

Diagnostic agents, unless authorised and PMB level of care;

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

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

Erythropoietin, unless PMB level of care;

Medicines used specifically to treat alcohol and drug addiction. Pre-authorisation required (unless PMB level of care, DSP applies);

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

Nappies and waterproof underwear;

Oral contraception for skin conditions, parenteral and foams.

Mental Health

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

Psychometric assessments for education and literacy performed on beneficiaries who are 21 years or older.

Non-Surgical Procedures and Tests

Epilation – treatment for hair removal (excluding Ophthalmology);

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

Conservative Back and Neck Treatment;

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

Optometry

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

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

OTC sunglasses and related treatment lenses, example wrap-around lenses, polarised lenses and outdoor tints;

Contact lens fittings;

Radial Keratotomy/Excimer Laser/Intra-ocular Lens, unless otherwise indicated in the Annexure B, no benefits shall be paid unless the refraction of the eye is within the guidelines set by the Board from time

to time. The member shall submit all relevant medical reports as may be required by the Scheme in order to validate a claim;

Exclusions as per the Scheme's Optical Management Programme.

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

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

International donor search costs for transplants.

Additional Medical Services

Art therapy.

Pathology

Exclusions as per the Scheme's Pathology Management Programme;

Allergy and Vitamin D testing in hospital;

Gene Sequencing.

Physical Therapy (Physiotherapy, Chiropractics and Biokinetics)

X-rays performed by Chiropractors;

Biokinetics and Chiropractics in hospital.

Prostheses and Devices Internal and External

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

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

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

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

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

TAVI procedure – transcatheter aortic –valve implantation. The procedure will only be funded up to the global fee calculated amount as stated in the Annexure B, for the equivalent of PMB level of care. (open Aortic valve replacement surgery);

Implantable Cardioverter Defibrillators (unless PMB level of care, DSP applies);

Mirena device in hospital, (if protocols/criteria has been met, the Scheme will pay at Scheme Tariff only for the device and its insertion in the practitioners' rooms. The Scheme will not be liable for theatre costs related to the insertion of the device);

Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme;

Internal Nerve Stimulators.

Radiology and Radiography

MRI scans ordered by a General Practitioner, unless there is no reasonable access to a Specialist;

PET(Positron Emission Tomography) or PET-CT for screening (unless PMB level of care, DSP applies);

Bone densitometry performed by a General Practitioner or a Specialist not included in the Scheme credentialed list of specialities;

CT colonography (virtual colonoscopy) for screening (unless PMB level of care, DSP applies);

MDCT Coronary Angiography and MDCT Coronary Angiography for screening (unless PMB level of care, DSP applies);

CT Coronary Angiography (unless PMB level of care, DSP applies);
If application for a pre-authorisation reference number (PAR) for specialised radiology procedures is not made or is refused, no benefits are payable;
All screening that has not been pre-authorised or is not in accordance with the Scheme's policies and protocols.

Surgical Procedures

Abdominoplasties and the repair of divarication of the abdominal muscles (unless PMB level of care, DSP applies);
Gynaecomastia;
Blepharoplasties and Ptosis unless causing demonstrated functional visual impairment and pre-authorised (unless PMB level of care, DSP applies);
Breast augmentation;
Breast reconstruction unless mastectomy following cancer and pre-authorised within Scheme protocols/guidelines (unless PMB level of care, DSP applies);
Breast reductions, Benign Breast Disease;
Erectile dysfunction surgical procedures;
Gender reassignment medical or surgical treatment;
Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
Keloid surgery, except following severe burn scars on the face and neck, for functional impairment such as contractures and excision of a tattoo (unless PMB level of care, DSP applies); skin disorders (life threatening/non-life threatening) including benign growths;
Obesity – surgical treatment and related procedures e.g. bariatric surgery, gastric bypass surgery and other procedures (unless PMB level of care, DSP applies);
Otoplasty, pre-certification will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for Otoplasty for any beneficiary who is 13 years or older;
Pectus excavatum / carinatum (unless PMB level of care, DSP applies);
Refractive surgery, unless specifically provided for in Annexure B;
Revision of scars, except following burns and for functional impairment (unless PMB level of care, DSP applies);
Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB level of care, DSP applies);
All costs for cosmetic surgery performed over and above the codes authorised for admission (unless PMB level of care, DSP applies);
Joint replacement including but not limited to hips, knees, shoulders and elbows, unless Prescribed Minimum Benefits level of care, DSP applies;
Varicose veins, surgical and medical management (unless PMB level of care, DSP applies);
Arthroscopy for osteoarthritis (unless PMB level of care, DSP applies);
Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
Circumcision in hospital except for a new born or child under 12 years, subject to Managed Care Protocols;
Prophylactic Mastectomy (unless PMB level of care, DSP applies);
Da Vinci Robotic assisted Radical surgery, including radical prostatectomy, additional costs relating to use of the robot during such surgery, and including additional fees pertaining to theatre time, disposables and equipment fees remain excluded;
Balloon sinuplasty.

Items not mentioned in Annexure B

Appointments which a beneficiary fails to keep;
Autopsies;
Cryo-storage of foetal stemcells and sperm;
Holidays for recuperative purposes, accommodation in spa's, health resorts and places of rest, even if prescribed by a treating provider;
Travelling expenses & accommodation (unless specifically authorised for an approved event);
Veterinary products;
Purchase of medicines prescribed by a person not legally entitled thereto;
Exams, reports or tests requested for insurance, employment, visas (Immigration or travel purposes), pilot and drivers licences, and school readiness tests.
SmartCare Clinics - Private Nurse Practitioner has the following exclusions:
No children under the age of 2 may be seen for anything other than a prescription for a routine immunisation;
No consultations related to mental health;
No treatment of emergency conditions involving heavy bleeding and/or trauma;
No treatment of conditions involving sexual assault;
SmartCare services cannot provide Schedule 5 and up medication.
Pharmaceutical Electronic Standards Authority
Pharmacy Product Management Document listing the PESA Exclusions Categories, refer to MSD-C1-2021-003.





Directory of Medshield MediSwift Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	Contact number: 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	Contact number: 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa Facsimile: 0866 151 509 Authorisations: medshieldauths@mediscor.co.za
Dental Authorisations	Denis	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations email: crowns@denis.co.za - Periodontic Applications email: perio@denis.co.za - Orthodontic Applications email: ortho@denis.co.za - Plastic Dentures email: customercare@denis.co.za In-Hospital Dental Authorisations email: hospitalenq@denis.co.za
Diabetes Care Programme	Medshield	Contact number: 086 000 2120 (+27 10 597 4701) for members outside the borders of South Africa Facsimile: +27 10 597 4706 email: Diabetesdiseasemanagement@medshield.co.za
Disease Management Programme	Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa email: diseasemanagement@medshield.co.za
Disease Management Care Plans	Mediscor	Contact number: 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa Facsimile: +27 10 597 4706 email: pmbapplications@medshield.co.za
HIV and AIDS Management	HaloCare	Contact number: 086 014 3258 (Mon - Fri: 07h30 to 16h00) Facsimile: +27 086 570 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 Authorisations	Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa email: preauth@medshield.co.za
Hospital Claims	Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa email: hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	Contact number: 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa email: oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	Contact number: 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa Facsimile: +27 11 782 5601 email: member@isoleso.co.za

Complaints Escalation Process

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

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

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

Medshield Banking Details

Bank: Nedbank | **Branch:** Rivonia

Branch code: 196905 | **Account number:** 1969125969

Fraud

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

Hotline: 0800 112 811

SMS: 33490

email: fraud@medshield.co.za

Whistleblower WhatsApp: 031 308 4664



Medshield Head Office

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email: medshield.pe@medshield.co.za



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