MBMED

BENEFIT GUIDE 2019

Administered by
medscheme

INDEX

NOTE: All payments are subject to 100% of Scheme tariffs and negotiated rates unless otherwise specified.

This summary is for information purposes only & does not supersede the Rules of the Scheme. In the event of any discrepancy the Rules will prevail.

A copy of the Rules can be obtained from Medscheme the Administrator for MBMed.

HOW DOES MBMED WORK

Your benefit schedule, included in this brochure, will provide answers to some of your everyday administration queries. Knowing how the "claims chain" at Medscheme works, could however, eliminate the majority of your queries.

- The Medical Schemes Act requires that the healthcare providers give full details on all accounts. Please check that your account shows:
- Your name & surname;
- Your medical aid number
- The treatment date;
- Name of patient (as indicated on the membership card, not a nickname);
- Amount charged; &
- Tariff code where applicable.

Tips on claiming

- Check that prescriptions for medicine show all your details. Also check that the correct quantity of medication dispenses is shown on the claim.
- Dental treatment often requires additional work by a dental technician. He or she bills the dentist who adds this to your account & attaches a copy of the technician's account. Please submit both accounts & ensure that your name & membership number are rejected on each account.

When can I expect payment

Medscheme has a regular payment cycle: three payment runs per month to members & healthcare practitioners. If the month extends to five weeks, four payment runs will take place. All valid claims received by Medsheme will be processed on this basis.

After we receive your claim we will process it & refund either you or pay your healthcare practitioner by direct transfer to a bank account, depending on the payment method that has been chosen & the rate your healthcare practitioner charges.
You will receive an email confirming that we have received your claims & another email once the claim has been processed & is ready for payment in the next payment run. This email will also tell you if you will be refunded or if we will pay the healthcare practitioner. An SMS message indicating the amount that will be credited to your account will be sent to you after the payment run. The Remittance Advice showing these payments will be available on the Medscheme website on the Monday after the run.

Please ensure that all your personal details including your bank account details are correct for the electronic payment of refunds.

Scheme Tariff

The Scheme Tariff is the reimbursement rate that MBMed uses to pay for medical services. The MBMed rate is calculated each year and increased by a minimum of CPI or the related negotiated rates.

PREFERRED GENERAL PRACTITIONER (PGP)

It is important that one GP becomes the coordinator of your care, so that a record of medical history can be kept in one place, and shared with specialists and other providers when necessary. Visiting more than one GP on a regular basis holds major disadvantages for members such as:

• Conflicting diagnoses and treatments;
• Additional costs being incurred where similar diagnostic tests are repeated or medicines
are duplicated by different GP'S.

For this reason the MBMed has introduced the concept of Preferred General Practitioner (PGP) selection, to encourage you to consistently use a GP of your choice. Each member of the family can have a different PGP.

How do I select a PGP?

New members should complete a PGP selection on their application form, visit the Site Office or contact MBMed Customer Services on 0860 00 2109 to load the PGP(s).

What if my specific PGP is not available?

If the PGP is part of a group practice of general practitioners, members may visit any doctor who is part of the group practice, provided the account/claim is submitted under the group practice number.

When the PGP is not available, the doctor standing in (known as the locum) will be considered as the PGP. When a member is on holiday and needs to visit a doctor, such visits would be covered by the "Out
of Area" benefit.

More than one PGP can be registered in the following instances:

• Members residing and working in different towns
• Children studying/in boarding schools
• Children of divorced parents
• Migrant workers (living in hostels) with family living in a different town
• Members travelling for work or involved in special projects away from home

SPECIALIST REFERRAL AUTHORISATION

You may only consult a Specialist if referred by your GP. The GP must contact the Medscheme Call Center 086 111 2666 to obtain an authorisation number for you prior to your consultation with the Specialist.

Without this authorisation the Scheme will not pay for the consultation. NB it is the member's responsibility to ensure that the GP obtains the authorisation number. An authorisation number is not a guarantee of payment, claims will be processed from available funds.

WEB REGISTRATION PROCEDURE

If you have not already registred as a user on the Medscheme website, follow these easy steps so that you can check up on claims & various benefits on line instead of telephoning MBMED.

1. Access the Medscheme wesite on www.
medscheme.co.za
2. Click on the "member" menu item to access the relevant home page.
3. Enter your membership number (without any spaces or hyphens) & your ID number & click "next".
If the system response is "incorrect ID number" please contact your call centre to update your ID number before trying to register again.
4. Complete the registration form & click on the "register" button. It is imperative that your e-mail address & telephone contact details are correct.
When choosing & typing in a username & password remember that the password is case-sensitive.
5. A screen will appear confirming your successful member registration. As part of the registration process, you will be sent an e-mail within 24 hours to confirm your registration on the Medscheme website.
6. You can now log on using your username & password.
7. Type your username & password into the username & password boxes & select the "go" button.

COMPLAINTS ESCALATION PROCEDURE

Contact the MBMed contact centre or send an email to mbmed@medscheme.co.za in order to try and resolve the query.

If you are not satisfied with the manner in which your query was resolved. Lodge a complaint in writing to mbmed@medscheme.co.za for the attention of the Principal Officer, Neville Walton detailing the nature of the dispute/complaint. The Principal Officer will try and resolve your query or alternatively convene a Disputes Committee meeting to adjudicate your complaint and/or dispute. You have the right to be heard at these proceedings if you so wish.

If you are still not satisfied after the decision has been made by the Disputes Committee you may take your appeal further by approaching the Council for Medical Schemes (CMS). You need to ensure that all relevant information and processes followed by yourself to resolve the query are submitted to them for consideration. Their contact details are as follows:

Council for Medical Schemes
Block A, Eco Glades 2 Office Park
420 Witch-Hazel Street , Ecopark
Centurion, 0157
www.medicalschemes.com
Tel: (012) 431 0500
Fax: (012) 430 7644
Share calls no: 0861 123 267
Email: information@medicalschemes.com

MEDICAL COVER OUTSIDE OF SOUTH AFRIA

MBMed will refund some of your medical expenses that might be incurred whilst on Holiday outside the borders of SA. Any claims must be submitted in English and refunds will be subject to the benefits available and exchange rate on the date of service.

PMB legislation is not applicable outside the borders of SA and members are advised to take out additional travel insurance when on Holiday outside the borders of SA.

AMBULANCE - ER24

What to do in a medical emergency

- Always call or get someone to call ER24 on 084 124
- Tell the ER24 operator that you are a MBMed Medical Scheme member – they will prompt you or the caller through all the information they require to get help to you.

DIS-CHEM CHRONIC MEDICINE DSP

MBMED has contracted with Dis-Chem Pharmacies as the Designated Service Provider (DSP) to supply all members using the Chronic Medicine Benefit with their medicine. Call Dis-Chem on 0860 DIS-CHEM (3472436). Medicine can either be obtained from one of the 78 Dis-Chem Pharmacies; or delivered via Dis-Chem Direct Courier Pharmacy to a selected residential or work address.

Members who obtain chronic medicines dispensed by another pharmacy will have to pay a co-payment of 30% irrespective of the dispensing fee charged by the pharmacy. Members not accepting the generic equivalent of the prescribed medicine will also have to pay a co-payment of 30%.

Dis-Chem offers the following services to MBMed members:

- Get your repeat medication at any branch : Because the 78 (and growing) pharmacies are all linked to a nationwide database, you can pick up your repeats at any Dis-Chem branch.
- Repeat Medication Management – Ask your Dis-Chem Pharmacist to get the Call Centre to phone or SMS you monthly, with a repeat medication reminder.
- Call and Collect : Save time. Too busy to stand in a queue? Just phone your local Dis-Chem Pharmacy and your prescriptions will be pre-dispensed and ready for you to pick up at the Collection Counter.
- Free delivery nationwide: Need to get your chronic or repeat prescription medication but just can't get to Dis-Chem. Contact Dis-Chem Direct Courier 0860 347 243 | Fax 012 365 3277; direct@dischem.co.za. Your order will then be sourced and delivered to you in 48-72 hours.

KNEE AND HIP REPLACEMENT PROVIDER

ICPS {Improved Clinical Pathway Services, Jointcare and Mayor Joints for Life} is a group of orthopedic surgeons that specialize in performing hip and knee replacements according to standardised clinical care pathways. These care pathways have been developed in accordance with evidence based outcomes to ensure that the quality of the hip and/or knee replacement is of the highest standard and to ensure the best health outcomes. They use a multidisciplinary team dedicated to assist with rapid and successful recovery, keeping the patient as comfortable as possible during the healing period.

How to access an orthopedic surgeon on the program: Call the MBMed call centre on 0860 00 2109 and you will be given the details of an orthopedic surgeon closest to you, or obtain the information from the Medscheme MBMed Member zone on www.medscheme.co.za or your chosen PGP.

Following your consultation with the orthopedic surgeon and if the decision for surgery is made, an application for an authorisation number will be arranged on your behalf by the admin staff at the practice. This will allow you access to the program and ensure payment in full (subject to your prosthesis benefit) with no co-payments for the procedure. The surgeon will give you a booklet providing you with information on the programme.

They will assist with your hospital pre authorisation should an operation be required. The following will be covered as part of your hip or knee replacement :

- All hospital costs
- Surgeons and anesthetist fees
- Prosthesis (subject to the prosthesis benefit)
- Physiotherapist (pre-, intra- and post-operative)

This program has been established to assist you in taking an active part in planning your care and recover for hip or knee surgery as well as ensuring financial peace of mind. For further enquiries regarding the programme please contact the MBMed Member Call Centre on 0860 00 2109

AID FOR AIDS

HIV/AIDS | For most people HIV/AIDS is a frightening disease, but today treatment is available that allows the majority of people living with HIV to lead healthy & productive lives for many years.

We can help you to manage your condition | MBMed has a benefit amount specifically for HIV/AIDS related medicine. This benefit amount is used to pay for medicine to attack the virus, vaccinations to protect against illnesses such as TB & pneumonia, vitamins to boost your immune system & regular monitoring tests.

Your condition will stay confidential | HIV is a sensitive matter & every effort is made to keep your condition confidential. The staff members at our Aids for AIDS unit have all signed confidentiality agreements & work in a separate area away from the medical scheme offices.

You must register on our Aid for AIDS programme | If your test shows you are HIV-positive you must register with Aid for AIDS as soon as possible to make use of this benefit. Phone them in confidence on 0860 10 06 46 & ask for an application form. Your doctor can also contact Aid for AIDS on your behalf.

After you have registered | After you receive the application form, you & your doctor must complete it & return it to the Aid for AIDS programme. Once treatment has been agreed upon, you & your doctor will be sent a detailed treatment plan which explains the approved medicine as well as the regular tests that need to be done to ensure that the drugs are working correctly & safely.

What the Aid for AIDS programme offers you | Aid for AIDS is a complete HIV disease management programme that offers both members and beneficiaries:

- Medicine to treat HIV (including drugs to prevent mother to child transmission & infection after sexual assault or needle-stick injury) at the most appropriate time;
- Treatment to prevent opportunistic infections like certain serious pneumonia & TB;
- Regular monitoring of disease progression & response to therapy;
- Regular monitoring tests to pick up possible side-effects of treatment;
- Ongoing patient support via a Nurse-line;
- Clinical guidelines & telephonic support for doctors;
- Help in finding a registered counsellor for emotional support.

If you are exposed to HIV infection through sexual assault or needle-stick injury, please ask your doctor to contact Aid for AIDS to authorise special antiretroviral medicine to help prevent possible HIV infection. It is best to take this medicine as soon as possible (within hours) after exposure. If the incident putting you at risk occurs over the weekend, make sure you get the necessary medication on time. You or your doctor can contact the Aid for AIDS programme on the Monday morning to arrange for authorisation of the drugs for payment by your medical scheme.

Members | 0860 100 646 or 083 410 9078
Mon – Fri | 08h30 – 17h00
SMS (call me) | 083 410 9078
Fax | 0800 600 773
Email | afa@afadm.co.za
Web | www.aidforaids.co.za
Cape Town Office Line | +27 21 514 1700
Doctor & Pharmacist Line | 0800 227 700

CHRONIC MEDICINE MANAGEMENT PROGRAMME

Chronic Medicine Management Programme | Chronic medicine is indicated for prolonged illnesses that are often life-long. To have access to your chronic medicine benefits, you need to apply and be authorized for a chronic medicine or condition through the Chronic Medicine Management (CMM) Programme, subject to the CMM Clinical Guidelines and Protocols. The prescribed medicine that will be authorised is determined by MBMed and medical scheme legislation and is subject to Scheme Rules and waiting periods. Payment for the medicine is taken from your available Chronic Medicine Benefit.

How your medicine is approved | When you apply for chronic medicine, you are approved for treatment of your chronic condition and will have access to a list

of pre-approved medicine, referred to as a basket. The quantity of each medicine in the basket is limited to the most commonly prescribed monthly dose.

What if my medicine changes? | If you need to change or add a new medicine for your condition, you can do this quickly and easily at your pharmacy with your new prescription. Not all conditions are managed this way and you will need to contact the scheme to update medicine telephonically or online if:

- You are joining the chronic program for the first time; or
- You are diagnosed with a new additional chronic condition; or
- Your medicine is not linked to one of your registered baskets; or
- You need a quantity or dosage of a medicine that is more than the quantity listed in the basket.

Pre-approved medicine in the basket may still be subject to MPL and formulary co-payments. You can check for co-payments with your pharmacist or view the basket, formularies and MPL on www.medscheme.com. The Medicine Price List (MPL) is a reference pricing system used in conjunction with formularies and pre-authorisation as a health risk management tool.

The reference pricing system does not restrict the choice of medicines – it controls the cost of medication. The system uses a benchmark for generically similar products to limit the amount that will be paid in medicine prices. You are free to use any item which appears on the MPL. However, if the price is more than the reference price, you will be required to pay the difference.

How to apply on the telephone and online | You, your doctor or pharmacist can register for, or update, your chronic medicine telephonically or online. Ensure you have a copy of your current prescription with you. There is no need to send it in to us as you will need to give your original prescription to the pharmacy for the dispensing of your chronic medicine.

You need to have the following information on hand:

- Your membership number
- The date of birth of the person applying
- The ICD 10 code of your condition
- Doctor's practice number

To authorise certain medicine you may also need to supply:

- Medicine details
- The clinical examination data, e.g. weight, height, BP readings, smoking status, allergy information
- Test results, e.g. lipogram results, Hba1c, lung function tests
- Motivation provided by your prescribing doctor

Register Telephonically | Call CMM between 08:30am and 4pm on 0860 002 109 and select the chronic option

Register Online | Go to Medscheme website at www.medscheme.com on the top right hand side of the web page and login as a "Member" with your username and password. If you are a first time user you will need to register. Go to "My Authorisations" and click on the "My Chronic Application", click on the dependent code and follow the prompts on the system. Where more clinical information is required, members of the clinical team will review the information supplied and correspond with you and your doctor either telephonically or in writing, on the status of the medicine request. You can follow up on the progress of your application at any time by contacting CMM.

Motivations and Clinical Appeals | Your doctor should contact the chronic Medicine Management Provider Call Centre on 0861 100 220 or submit a clinical motivation to mbmedcmm@medscheme.co.za

Contact Details |

Chronic Medicine Management Contact Details

CMM Member Call Centre number | 0860 002 109

08h30 – 16h00 Mon-Fri

CMM provider call centre | 0861 100 220

Email Address | mbmedcmm@medscheme.co.za

Postal Address | PO Box 38632 Pinelands 7430

Website | www.medscheme.com

Designated Service Provider (DSP) | MBMed has contracted with DisChem as a Designated Service Provider (DSP)

Members who have their chronic medicine dispensed by another pharmacy will have to pay a co-payment of 30% on their medicine. MPL and formulary co-payments will still apply despite using a DSP.

ONCOLOGY/CANCER DISEASE MANAGEMENT PROGRAMME

It is important that, on diagnosis of cancer, you are registered on the Oncology Disease Management Programme & that your treatment plan is forwarded to the clinical team, as all oncology treatment is subject to pre-authorisation & case management. After the treatment plan has been assessed & approved, an authorisation will be sent to your treating doctor.

Please make sure that your doctor advises the Oncology Disease Management team of any change in your treatment, as your authorisation will need to be re-assessed & updated.

Note | In addition to the authorisation from the Oncology Disease Management team, you will need to get pre-authorisation from Hospital Benefit Management for any hospitalization, specialised radiology (e.g MRI scans, CT scan angiography) or private nursing/hospice services.

Who should register on the programme? | Patients who have been diagnosed with cancer and are actively receiving treatment as well as patients who are in remission should register on the program.

What steps do I follow in order to register on the programme? | On diagnosis, your treating doctor should fax or e-mail a copy of your treatment plan to 021 466 2303. An oncology case manager will then take the process forward.

Contact Number | 0860 100 572
Facsimile | 021 466 2302
Email | cancerinfo@medscheme.co.za

PRESCRIBED MINIMUM BENEFITS

Prescribed Minimum Benefits are guided by a set list of medical conditions as defined in the Medical Schemes Act of 1998. These conditions include any life-threatening emergency, 270 defined diagnoses and their associated treatments as well as 27 chronic conditions.

All medical schemes in South Africa must include the Prescribed Minimum Benefits (270 illnesses and 27 chronic conditions) in the benefit options being offered to members. There are, however, certain requirements that a member must meet before they benefit from the Prescribed Minimum Benefits and includes:

- The condition must be part of the list of defined PMB conditions
- The treatment needed must match the treatments in the defined benefits
- Members must use the scheme's designated healthcare service providers where applicable

When the Prescribed Minimum Benefits don't apply – In some circumstances a member and/or beneficiary may not qualify for cover (PMB's) by their medical scheme. This can happen when a person joins a medical scheme for the first time and has not had medical scheme membership before. Or, if someone joins a medical scheme more than 90 days after leaving the previous medical scheme.

In both cases, the medical scheme may impose a waiting period, during which no PMB benefits would be available no matter what conditions they might have. Please visit the Council for Medical Scheme's website www.medicalschemes.com or contact the MBMed contact centre should you require more information.

PRE-AUTHORISATIONS - HOSPITALS & SPECIAL RADIOLOGY

Hospital benefit Management's focus is improving the appropriateness and cost effectiveness of care, providing more healthcare value with the available benefits and getting members into registered facilities, treated by registered doctors, for acceptable forms of treatment, at appropriate levels of care, for a reasonable length of stay.

The pre-authorisation process ensures added value for you by making sure the planned intervention is medically necessary and appropriate prior to the event or admission. This process can be initiated by you, your medical practitioner or the hospital. The request can be submitted telephonically, electronically (email and via the web) and by fax.

How do I pre-authorise? | Obtaining a Pre-Authorisation Reference number (PAR). You can apply for pre-authorisation:

1. Via the WEB – click on the drop down arrow in the Login box at the top right hand corner of the MBMed website and select "member" to log into the secure area. Then click on the pre-authorisation button.
2. Via Email – mbmed.authorisations@medscheme.co.za (please ensure that your request is accompanied by all the relevant information to finalise your request)
3. Via phone – Call centre number: 0860 002 109

08h30 – 16h00 Mon to Fri | Excluding public holidays, an automated system is available 24 hours a day, 7 days a week.
Facsimile number | 0860 21 22 23
E-mail | mbmed.authorisations@medscheme.co.za

Healthcare Professionals can also apply on your behalf by calling 0861 100 220 or logging in to the UMS system on the MBMed website by selecting "Hospital" in the drop down box and using their UMS login details.

Contact Details | Hospitals and Specialised Radiology Authorisations:

08h00 – 16h00 | Mon to Fri
Fax | 0860 21 22 23 (authorisations only)
Email | mbmed.authorisations@medscheme.co.za
Member | 0860 002 109
An automated voice system is available
Call centre hours | 24 hours a day, 7 days a week excluding public holidays
Doctors & Pharmacists | 0861 100 220

THE EX GRATIA PROCESS

An application for consideration of ex gratia benefits is open to all MBMed members and dependents who have exhausted their current benefit limits.

Ex Gratia application forms are available on the MBMed Medscheme Member Portal and the MBSA Intranet

All applications must be submitted to mbmedspecialcases@medscheme.co.za or handed in to the on-site MBMed office.

These requests are reviewed, if necessary, by the Fund's appointed Clinical Advisor, and then prepared by Medscheme for submission to the Ex Gratia Committee which convenes fortnightly. Where appropriate, certain ex gratia requests are submitted to an appointed Medical Panel for assessment of the clinical appropriateness of the request, before being submitted to the Ex Gratia Committee.

The Ex Gratia Committee is made up as follows | MBMed Principal Officer and three member elected trustees. Ex Gratia requests for Advanced Dentistry will not be considered for additional benefits unless such advanced dentistry is required following traumatic injury – e.g. after a motor vehicle accident. Ex Gratia requests will not be considered for expenses above the MBMed Rates. What this means is that no ex gratia payments will be made for the difference in cost between what a member may be billed by a Specialist (so called Private Rates) and what the Scheme Rules allow (Scheme Rate).

Above Scheme Rate expenses are however automatically paid for Prescribed Minimum Benefits (PMB's). In fact, MBMed pays at invoice price for PMB's – irrespective of cost. Members of MBMed under age 60 can choose the Sanlam gap cover Policy to provide insurance cover for above Scheme Rate expenses. Members are reminded that Sanlam Gap cover for MBMed has a three month waiting period and pr-existing condition exclusions may be applied. More information on Sanlam Gap Cover for MBMed is available on the MBMed Website or from the on-site MBMed office.

Consideration for awarding of additional benefits on an ex gratia basis are based on | Medical necessity, assessment of financial impact on the member and the scheme and a review of past utilisation by the member

MBMED

OVERALL ANNUAL LIMIT (OAL) UNLIMITED

Day to Day benefit without sublimits

Member - R8 900
Member + 1 = R13 800
Member + 2 = R16 300
Member + 3 = R19 400
Member + 4 + = R22 000

The Day to Day benefit covers the following without sublimits per benefit

General Practitioner Consultations
Specialist Consultations
Acute Medication
Additional Medical Services
Pathology
General Radiology

Notes :

1. "Out of Area" visits are to be used when a beneficiary is out of town on business or holiday. (See other Benefits)
2. "Specialist " visits will only be covered by the Scheme if a GP refers a member & an authorisation number is obtained by the GP's practice
3. "Acute Medicines" are routine, day to day medicines prescribed by a doctor, including immunisations, not registered under the Chronic Medicines programme excluding Pharmacy Advised Therapy (PAT)
4. "Additional Medical Services" includes Alternative Health, Physical Therapy, Paramedical, Chiropody, Chiropractor, Dietitian, Occupational Therapy, Physiotherapy, Speech Therapy, etc
5. "General Radiology" (Out of Hospital) will only be covered by the Scheme if referred by a GP or Specialist

2019 MBMED BENEFIT GUIDE

2019 Contribution table - Members Portion			
Income Band	Principal Member	Adult Dependent	Child Dependent
0 - 17 499	R763	R628	R174
17 500 - 20 539	R883	R726	R201
20 540 - 27 639	R1 080	R900	R258
27 640 - 33 519	R1 359	R1 131	R339
33 520 - 42 939	R1 450	R1 223	R364
42 940 - 53 549	R1 559	R1 347	R388
53 550 ++++	R1 678	R1 469	R435

OTHER BENEFITS	SUB-CATEGORY	LIMIT	AUTHORISATION
ALCOHOLISM & DRUG DEPENDANCY		100% of the lower of cost or Scheme Tariff included in the Mental Health Benefits	Medscheme Hospital Management
AMBULANCE SERVICES	Emergency road & air transport (patients only)	100% of the lower of cost or Scheme Tariff	Subject to authorisation by the Contracted Ambulance Service ER24
APPLIANCES	Medical & Surgical Appliances including hearing aids, wheelchairs Home Oxygen cyclinders, Concentrators & Ventilator expenses Foot Orthotics	100% of the lower of cost or Scheme Tariff limited to R24 800 per beneficiary per annum 100% of the lower of cost or Scheme Tariff Subject to appliance benefit and further limited to R3 500 per beneficiary	
BLOOD & BLOOD EQUIVALENTS	In & Out of Hospital	100% of the lower of cost or Scheme Tariff	Subject to authorisation by Medscheme Hospital Management

CONSULTATIONS & VISITS	Out of Hospital Subject to Day to Day Benefits. In Hospital (GP & Specialists) Out of Area Visits 2 Per Family	100% of the lower cost or Scheme Tariff 100% of the lower of cost or Scheme Tariff.	
DENTISTRY	Basic Dentistry Treatment by Dental Practitioner & Therapist including Minor Oral Surgery, Oral Medical Procedures & Technical Fees Plastic Dentures	100% of the lower of cost or Scheme Tariff	Subject to Medscheme Dental Management
	Advanced Dentistry Inlays, Crowns, Bridges, Mounted Study Models, Metal Base Dentures, treatment by Periodontists, Prosthodontists & Dental Technician fees Osseo-integrated Implants & Orthognatic Surgery (functional corrections of malocclusions) Oral Surgery Consultations, Visits, Removal of teeth, Para-Orthodontic Surgial Procedures & Preparation of jaws for prosthesis performed by Maxillo-facial Specialists Maxillo-Facial Surgery and Orthodontic Treatment	100% of the lower of cost or Scheme Tariff limited to R16 200 per family per annum 100% of the lower of cost or Scheme Tariff Subject to the Advanced Dentistry Limit 100% of the lower of cost or Scheme Tariff 100% of the lower of cost or Scheme Tariff 100% of the lower of cost or Scheme Tariff	Subject to Medscheme Dental Management Subject to Medscheme Dental Management Subject to Medscheme Dental Management Subject to Medscheme Dental Management

HOSPITALISATION	Private & Public Hospitals, including step down Rehabilitation Centres and Hospice	100% of the lower of cost or Scheme Tariff	Subject to authorisation by Medscheme Hospital Management
	Nursing Services : Private Nursing, Nursing Agencies	100% of the lower of cost or Scheme Tariff	Subject to authorisation by Medscheme Hospital Management
	Out-patient Care & Out-Patients Services, Materials & Medicines	100% of the lower of cost or Scheme Tariff	
	Medicine on Discharge from hospital (TTO)	Unlimited if included on hospital account or if obtained from pharmacy on day of discharge	
IMMUNE DEFICIENCY RELATED TO HIV/AIDS	Anti-retroviral & related medicines, related treatment including Pathology & Radiology Services	Subject to the relevant managed healthcare programme & to registration & case management by the programme	Subject to authorisation by Aid for Aids
INFERTILITY		Limited to interventions & investigations as prescribed by the Medical Schemes Act. Subject to the relevant managed healthcare programme	Subject to Medical Advisor Approval
MATERNITY	Hospitalisation (Public or Private Hospitals) Accommodation, Theatre fees, labour Ward fees, Dressings, Medicines & Mterials in Hospital, normal delivery by a General Practitioner, Medical Specialist or Midwife. A letter of motivation is required for a Caesarean section	100% of the lower of cost or Scheme Tariff	Subject to authorisation by Medscheme Hospital Management
Out of Hospital	Medical services including ante-natal consultations & post-natal services, pregnancy scans & amniocentesis	100% of the lower of cost or Scheme Tariff limited to R11 900 per beneficiary per event.	
MEDICINES & INJECTION MATERIALS	Contraceptives	100% of single exit price plus the negotiated dispensing fee, to a maximum as dictated by legislation	
	Pharmacy Advised Therapy Medicines prescribed & dispensed by a pharmacist	100% of single exit price plus the negotiated dispensing fee, to a maximum as dictated by legislation, limited to R680 per beneficiary per annum	

VACCINE BENEFIT	Childhood immunisation HPV, Pneumonia Flu	100 % of the lower cost of Scheme Tariff. Pharmacists administration fee excluded	Limited to immunisation prescribed by the South African Expanded Programme of Immunisation
Chronic Medicine Benefits	100% of single exit price plus the negotiated dispensing fee, to a maximum as dictated by legislation	Limited to R29 000 per beneficiary, limited to R49 000 per family	Subject to contract with the Designated Service Providere (DSP) DisChem, & Medscheme Chronic Medicine Programme
MENTAL HEALTH	Hospitalisation (Public or Private Hospitals). Accommodation, in a General Ward, Electro Convulsive Treatment (ECT) fees, Medicines, Materials & Hospital Equipment General Practitioners, Psychiatrists, Suggest to split In hospital and Out of hospital. Psychologists, Psychiatric Nurse Practitioners & Social Workers Consultations, Visits & Procedures In & Out of Hospital	100% of the lower of cost or Scheme 100% of the lower of cost or Scheme Tariff limited to R6 400 per beneficiary only for out of hospital consultations. In hospital: Limited to R15 300 per beneficiary per annum for non-Prescribed Minimum Benefits.	Subject to authorisation by Medscheme Hospital Management
NON-SURGICAL PROCEDURES & TESTS	Procedures performed by General Practitioners and Medical Specialists In & Out of Hospital	100% of the lower of cost or Scheme Tariff	Subject to authorisation by Medscheme Hospital Management
ONCOLOGY	Treatment, Medication, Materials used in Radiotherapy & Chemotherapy including Consultations & Visits Specialised and Biological Drugs	100% of the lower of cost or Scheme Tariff Limited to R207 000 per family	Subject to authorisation by Medscheme Oncology Management
OPTOMETRY	PPN OPTICAL NETWORK	PPN Provider	Non PPN Provider
MBMed has contracted with PPN to secure an optical benefit for you & your family. PPN has more than 2 700 practices contracted to their network making them the largest optical network in South Africa. You can contact the call centre on 086 110 3529 to locate your nearest optometrist or to confirm your optical benefits.	Consultations Frames Lenses	100% of cost for a Composite Consultation inclusive of the refraction, a glaucoma screening and visual field screening PPN Frame to the value of R200 plus R1 375 towards and alternative frame and/or lens enhancements 100% of cost for either one pair of clear Aquity single vision lenses or one pair of clear Aquity bifocal lenses or one pair of Clear Aquity multifocal lenses	A Composite Consultation inclusive of the refraction, a glaucoma screening and visual field screening to the value of R300 R1 100 towards a frame and or lens enhancement Single Vision Lenses R175 per lens Bifocal Lenses R410 per lens Multifocal lenses R710 per lens

	Or contact lenses : Readers Refractive Surgery Hospitalisation & Services by Medical Specialists	R2 070 R170 per beneficary per annum 100% of the lower of cost or Scheme Tariff limited to R10 900 per beneficiary per annum	R2 070 Subject to approval by Med-scheme Medical Advisor. Member to submit detailed clinical motivation from Specialist to Medscheme
PPN Second Benefit Warranty	The second Benefit Warranty is limited to a PPN Frame and one pair of standard clear lenses based on the last script registered on the PPN system. No consultation is required as this warranty provides for replacement of the spectacles only. Co-Payment R200 for single vision lenses. R300 for bifocal lenses. R400 for multifocal lenses		
ORGAN TISSUE TRANSPLANTS	Harvesting of organ or tissue & transplantation thereof, including consultations & visits & the cost of post operative anti-rejection medicines	100% of the lower of cost or Scheme Tariff	Subject to authorisation by Medscheme Hospital Management
PATHOLOGY & MEDICAL TECHNOLOGY (In Hospital)	Test performed by General Practitioners, Medical Specialists, Medical Technologists & Private Nurse Practitioners	100% of the lower of cost or Scheme Tariff	
Prostheses	External & Internal Prostheses	100% of the lower of cost or Scheme Tariff limited to R42 800 per family per annum	Subject to authorisation by Medscheme Hospital Management
RADIOLOGY Specialised (in and out of hospital) General In Hospital Out of Hospital	100% of the lower of cost or Scheme Tariff 100% of the lower of cost or Scheme Tariff 100% of the lower of cost or Scheme Tariff	R12 900 per member family per annum No limit Subject to Day-to-Day benefits	Subject to authorisation by Medscheme Hospital Management Subject to authorisation by Medscheme Hospital Management
RENAL DIALYSIS ACUTE & CHRONIC	All services & materials including consultations & visits	100% of the lower of cost or Scheme Tariff	Subject to authorisation by Medscheme Hospital Management
SURGICAL PROCEDURES	Procedures performed by Clinical Technologists, General Practitioners & Medical Specialists excluding services provided or Refractive Surgery & Organ Transplants	100% of the lower of cost or Scheme Tariff	Subject to authorisation by Medscheme Hospital Management

NOTE : This summary is for information purposes only & does not supercede the Rules of the Scheme. In the event of any discrepancy the Rules will prevail. A copy of the Rules can be obtained from Medscheme

PREVENTATIVE CARE BENEFIT	
Cholesterol test (Lipogram)	Limited to one test per beneficiary 20 years and older per annum.
Colorectal screening and/or Faecal occult blood test	Limited to one test per beneficiary 50 years and older per annum.
HIV screening tests	Limited to two tests per beneficiary per annum at a Pharmacy for the following: • 1 for pre-testing; and • 1 for post-testing.
Infant hearing screening	Unlimited in or out of hospital for all infant beneficiaries up to 8 weeks.
Mammogram	Limited to one mammogram per beneficiary 45 years and older per annum.
Osteoporosis screening	Limited to one screening per beneficiary 45 years and older per annum.
Pap smear or Liquid Based Cytology	Limited to one test per female beneficiary over the age of 40 per annum.
Prostate specific antigen test (PSA)	Limited to one test per male beneficiary 45 years and older per annum.
Thyroid function screening test (TSH)	Limited to one test per infant beneficiary up to the age of 1 month old per annum.

HOW TO HAVE YOUR QUERIES RESOLVED EVEN FASTER

Medscheme has introduced additional e-mail contact addresses with specialised focus, to speed up member query turnaround times. Avoid unnecessary delays by using the respective e-mail addresses below, depending on your specific query or issue.

General enquiries, including specialist referral management and preferred general practitioners mbmed@medscheme.co.za

Ex gratia requests mbmedspecialcases@medscheme.co.za

Dental and orthodontic quotes mbmeddental@medscheme.co.za

Hospital authorisations mbmed.authorisations@medscheme.co.za

Chronic medicine management mbmedcmm@medscheme.co.za

aPMB enquiries (claim queries for out of hospital Prescribed Minimum Benefits) mbmedapmb@medscheme.co.za

Oncology management cancerinfo@medscheme.co.za

Aid for AIDS afa@afadm.co.za

First-time claims submissions claims@medscheme.co.za

For all your enquiries:
086 000 2109

Monday to Friday:
8:30 to 16:00

First time claims submissions:
claims@medscheme.co.za

Optometry:
PPN - 086 110 3529

Ambulance Service:
ER24 084 124

Hospital Authorisations:
mbmed.authorisations@medscheme.co.za
Tel: 0860 000 2109
Fax: 0860 21 22 23

Po Box 708, Florida Hills, 1716
mbmed@medscheme.co.za