MEDSHIELD
medical scheme

MediPhila

2019 BENEFIT GUIDE

MEDSHIELD MediPhila Benefit Option

You never know when you, or any of your registered dependants, may require medical care which could result in substantial costs. Fortunately, as a **MediPhila** member you can enjoy peace of mind – comfortable in the knowledge that you and your registered dependants are protected by unlimited hospital cover for PMB conditions, generous per beneficiary limits for non-PMB In-Hospital treatments and with specified benefit limits for Out-of-Hospital services.

A high level summary of benefits offered on the **MediPhila** option:

Maternity Benefits

- For your first, second or your third, we join you on this exciting path – providing you with a comprehensive maternity benefit and access to quality services during your pregnancy, at birth and post-delivery
- This benefit allows you to focus on your new offspring and our new baby welcome pack is sure to enhance your joy!

In-Hospital Benefit

- Unlimited PMB subject to services being obtained in line with the Scheme's approved protocols
- Specified limit for non-PMB services, obtained in line with the Scheme's approved Rules and Protocols

Out-of-Hospital Benefits

- With a Day-to-Day Limit
- Sub-limits for specified benefits payable from the Overall Annual Limit

Wellness Benefit from Risk

- Your health is our priority
- The MediPhila Wellness Benefit allows for early detection and proactive management of your health, subject to the use of a MediPhila Family Practitioner (FP) Network Provider or a MediPhila Pharmacy Network.

Chronic Benefits

- Chronic
- HIV/AIDS
- Oncology

We have programmes specifically designed to assist you if you are diagnosed with a specific disease, including any of the specified 26 Chronic diseases. Our comprehensive programmes will support you with the management of the disease. All you need to do is register on the appropriate programme for full access to the benefits.

Chronic Medicine Benefit

- Delivery of your chronic medicine to your door step
- Medicine must be obtained from the Scheme's Designated Service Provider

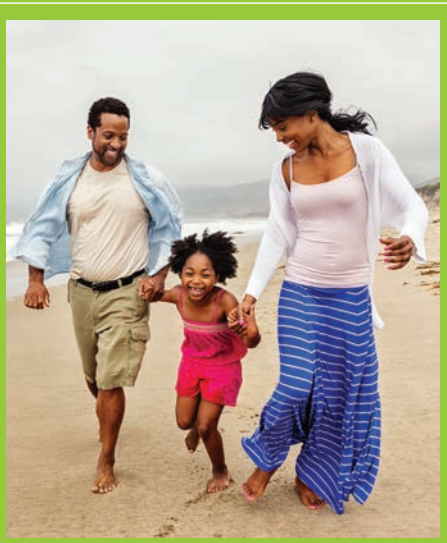
What you need to know to access your unique benefits

- Carefully read through this guide and use it as a reference for more information on what is covered on the **MediPhila** option. Special consideration needs to be given to the benefit limit and the rate at which the services will be covered
- All hospital admissions must be pre-authorised 72-hours prior to admission by the relevant Managed Healthcare Programme on 086 000 0376. Hospitalisation is subject to the use of the **MediPhila** Hospital Network, to protect you against costly out-of-pocket expenses
- Please note that voluntary use of a non-MediPhila Network Hospital will result in a 25% co-payment on the Scheme rate applicable
- Pre-authorisation is not a guarantee of payment and Scheme rules/protocols will be applied where applicable
- If you do not obtain a pre-authorisation or retrospective authorisation in case of an emergency, you will incur a 20% penalty on top of the 25% co-payment should you use a non-**MediPhila** Network Hospital
- Carefully read through your List of Exclusions for a list of services not covered on **MediPhila** option. Please refer to Addendum F for a comprehensive list of Exclusions
- The use of the Medshield Specialist Network may apply
- You will benefit by using healthcare providers in partnership with Medshield
- Our Contact Centre Agents are available to assist should you require clarity on your benefits

Your claims will be covered as follows:

Treatment and consultations

100% of negotiated fee at a MediPhila Family Practitioner (FP) Network.



Medicines:

- Acute Medicine: 100% of the cost of the SEP price from the MediPhila Pharmacy Network.
- Chronic Medicine: 100% of the cost of the SEP price of a product plus a negotiated dispensing fee, Medicines must be obtained from the Scheme's Designated Service Provider and formularies will apply. Any medication outside of the formulary will attract a 40% co-payment.

MediPhila

YOUR GUIDE to access your MediPhila In-Hospital benefit

Before you or any of your registered dependants are admitted to hospital, it is important that you know which hospitals form part of the MediPhila Hospital Network to obtain hospital pre-authorisation. If you are hospitalised, your stay will be subject to the period that was pre-authorised by the Hospital Benefit Management. No further benefits will be paid unless such a stay is further authorised. Hospital pre-authorisation can be initiated by the member, medical practitioner or the hospital at least 72-hours before admission, or the first working day following an emergency admission.

What is hospital pre-authorisation?

Every member has to obtain pre-approval or pre-authorisation from the Scheme before the member, or their dependants, are admitted to hospital. The Scheme will provide pre-authorisation, upon your request, in line with the benefits available for the specific procedure or treatment, prior to admission. The pre-authorisation process ensures added value for both the member and the Scheme by assessing the medical necessity and appropriateness of the procedure prior to hospital admission according to clinical protocols and guidelines.

The following information is required when requesting pre-authorisation for hospitalisation

- Membership number
- Member or beneficiary name and date of birth
- Contact details
- Reason for admission
- ICD-10 codes and relevant procedure (tariff codes)
- Date of admission and date of the operation if applicable
- Proposed length of stay
- Name and practice number of the admitting doctor
- Name and practice number of the hospital

Which hospital am I allowed to use?

MediPhila Hospital Network. Please contact the Scheme on 086 000 0376 (+27 10 597 4703) or vist www.medshield.co.za to access a list of hospitals.

Why it's important to pre-authorise?

- Your hospital stay will be subject to the procedure or service pre-authorised by the Hospital Management partner
- Any additional days or multiple procedures or additional services will require further pre-authorisation or motivation

In the case of an emergency admission, retrospective authorisation must be obtained within 72-hours after the hospital admission. Should a member fail to obtain pre-authorisation, the Scheme will not settle any claims related to the admission.

What if my hospital admission is postponed or I'm re-admitted, even if I have pre-authorisation?

You will have to update your pre-authorisation with Medshield Hospital Benefit Management with the relevant date before you are admitted. If you are re-admitted for the same condition you will have to obtain a new authorisation as authorisations are event driven.

What is an emergency?

It is not enough for a medical emergency to be diagnosed only. Your condition is an emergency only if you require immediate treatment for serious impairment to bodily function. The CMS script on what an emergency is, states that a condition is an emergency if you require immediate treatment for serious impairment to bodily function.

"All medical emergencies are prescribed minimum benefits (PMBs) which require full payment from your medical scheme. But diagnosis alone is not enough to conclude that a condition is a medical emergency. The condition must require immediate treatment before it can qualify as an emergency and, subsequently, a PMB."

So when is a medical condition an emergency?

The Medical Schemes Act 131 of 1998 defines an "emergency medical condition" as "the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a body organ or part, or would place the person's life in serious jeopardy".

Put simply, the following factors must be present before an emergency can be concluded:

- There must be an onset of a health condition
- This onset must be sudden and unexpected
- The health condition must require immediate treatment (medical or surgical)
- If not immediately treated, one of three things could result: serious impairment to a bodily function, serious dysfunction of a body part or organ, or death
- If you are not treated for your condition and only tests are conducted, your medical scheme does not necessarily need to cover your condition because tests are diagnostic measures which are not covered by the definition of an emergency. If you are treated, you can claim the cost of treatment because it cannot reasonably be argued that a health condition is an emergency only if the diagnosis says so

Is pre-authorisation required even if I use a hospital within the MediPhila Hospital Network?

Yes, all hospital admissions require pre-authorisation before admission and retrospective authorisation is required for emergencies. All hospital authorisations must be done through the Medshield Hospital Benefit Management Provider on 086 000 0376.

Out-of-Hospital Benefits

The Out-of-Hospital Benefit covers services obtained out of hospital. These services will be paid from your Out-of-Hospital limit, unless specified otherwise. Your Family Practitioner (FP) Limit is allocated according to your family size, and subject to the nominated Family Practitioner (each beneficiary nominates one Family Practitioner, selected from the MediPhila Family Practitioner Network, to a maximum of two Family Practitioners per family. Through a partnership with various service providers, the Scheme is able to ensure that you receive optimal care for these essential Out-of-Hospital services.

What services are covered under the Out-of-Hospital Benefits?

The following services are covered from specific sub-limits:

- Family Practitioner visits – Covered from the FP benefit limit
- Acute Medicine – Covered from the Acute Medicine Benefit
- Specialist Visits – Covered from the Specialist visit benefit
- Casualty or Emergency visits – Covered from the Day-to-Day Limit, unless authorised as an emergency
- Basic Dental services – Covered from the Basic Dentistry Limit
- Optical Services – Covered from the Optical Benefit
- Radiology and Pathology – Subject to Formularies

Family Practitioner Visits

Each beneficiary is required to use a MediPhila Network Family Practitioner (FP). The Scheme has a list of all the providers that are part of the Network. This MediPhila Network Provider list is available on the website www.medshield.co.za or from the MediPhila Call Centre.

You have access to the allocated number of Family Practitioner (FP) visits that are indicated in this benefit guide without needing pre-authorisation. Once you reach the allocated number of visits, you will need pre-authorisation to access the unlimited benefits. This can be done by having your FP contact the MediPhila Call Centre (086 000 0376) to obtain authorisation for each and every additional visit. These additional consultations are subject to Scheme Rules, protocols and prior approval.

Out-of-Network Family Practitioner Visits

The Scheme Rules allow for up to two visits per family paid from the Overall Annual Limit. A list of all FPs contracted on the MediPhila Network is available on the Scheme website or you can contact the Medshield Contact Centre to enquire about a FP in the area where you find yourself. Please note that the unlimited FP benefit does not apply to out-of-network visits.

Minor Procedures while visiting the FP

Certain minor procedures done in the FP consultation room will be paid from the Overall Annual Limit if done by a Network FP; these include stitching of wounds, limb casts, removal of foreign bodies and excision, repair and drainage of a subcutaneous abscess, and the removal of a nail. If these services are performed by a non-Network Provider these costs will be covered from your Day-to-Day Limit. Refer to Addendum C for a full list of services.

Casualty and Emergency Room Cover

Should you or your family have to go to a casualty or emergency room at a hospital due to medical necessity, the account for the Casualty will be paid from your available Day-to-Day Limit and the doctor attending to you will be paid from your out of network FP benefit.

Acute Medication

The MediPhila option offers members a separate Acute Medication limit subject to the Acute Medication formulary. If medication is dispensed from your FP, this cost will be included in your FP consultation but should it be required that you get your medication from a MediPhila Network Pharmacy, this cost will come from your Acute Medication Benefit. It is important that you make your FP/Pharmacy aware that your option has an acute formulary as any medication not on the formulary will not be covered. Schedule 1 and 2 medications offered as PAT will be covered from your Acute Medication Benefit subject a **R70** script limit.

Reference pricing is applied. If a product is prescribed that is more expensive than the reference price, the patient will need to pay the difference in price at the point of dispensing.

- Quantity limits may apply to some items on this formulary. Quantities in excess of this limit will need to be funded by the member at the point of dispensing, unless an authorisation has been obtained for a greater quantity
- Other generic products not specifically listed will be reimbursed in full if the price falls within the reference price range for that group
- The formulary is subject to regular review. Medshield reserves the right to update and change the formulary when new information becomes available, prices change, or when new medicines are released
- What happens once you have reached your Day-to-Day Limit?
    - The services that are covered under your Day-to-Day Limit offers a pre-determined sub-limit. Once these sub-limits have been reached, members will be required to cover the cost out of pocket

Access to Basic Dental Services

The benefit includes primary dentist care e.g. consultations, fillings, scaling and polishing, and must be obtained from the MediPhila Dental Network. There is no benefit for Specialised Dentistry like root canal treatment, crowns and metal base dentures.

Medical Specialist Consultations

For Medical Specialist Consultations you have to be referred by a MediPhila Network FP Provider:

- The MediPhila Network Family Practitioner (FP) Provider is required to obtain a Specialist referral authorisation from the Scheme;
- It is important to note that you will be liable for Medical Specialists' Consultations obtained outside these stipulated guidelines.

Access to Pathology and Radiology Services

The MediPhila FP Provider will refer you to the appropriate pathology and radiology healthcare provider.

- Radiology and Pathology formularies apply as per managed care protocols;
- All tests that falls within the formularies will be paid from the Overall Annual Limit in line with managed care protocols; and
- Any additional pathology and radiology tests that falls within PMB level of care will need to be motivated by a MediPhila FP.

Access to Optical Services

Spectacles, frames and lenses are covered at **R710** per beneficiary over a 24 month Optical Service Cycle and must be obtained from the Scheme's preferred provider. Kindly note that any additional services such as tinting etc. are not covered under this benefit. You will have to pay for these services yourself. Eye tests are limited to one test per beneficiary every 24 months. The Optical Benefit is available per beneficiary, over a 24 month Optical Service date cycle.

The application of co–payments

The following services will attract upfront co-payments:

Non-PMB Specialised Radiology	**10% upfront** co-payment
Voluntary use of a non-MedPhila Network Hospital	**25% upfront** co-payment
Voluntary use of a non-MedPhila Network Hospital - Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	**25% upfront** co-payment
Voluntary use of a non-DSP for Chronic Medication	**40% upfront** co-payment
Non-Network Emergency FP consultations (once the two allocated visits have been depleted)	**40% upfront** co-payment
Voluntarily obtained out of formulary medication	**40% upfront** co-payment
Voluntary use of a non-DSP for HIV & AIDS related medication	**40% upfront** co-payment
Voluntary use of a non-ICON provider - Oncology	**40% upfront** co-payment
Voluntary use of a non-MedPhila Network Hospital - Mental Health	**40% upfront** co-payment
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	**40% upfront** co-payment
In-Hospital Procedural upfront co-payments	
Endoscopic Procedures (refer to **Addendum B** for a list)	**R2 000 upfront** co-payment
Arthroscopic procedures	**R4 000 upfront** co-payment
Wisdom Teeth	**R4 000 upfront** co-payment
Nissen Fundoplication	**R5 000 upfront** co-payment
Hysterectomy	**R5 000 upfront** co-payment

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

GAP Cover

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

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
OVERALL ANNUAL LIMIT	**Unlimited.**
HOSPITALISATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network.	Specialist services from treating/attending Specialists are subject to pre-authorisation.
• **Prescribed Minimum Benefits (PMB)** • **Non-PMB** **Clinical Protocols apply.**	**Unlimited.** **R500 000** per beneficiary up to a maximum of **R1 000 000** for a family.
SURGICAL PROCEDURES As part of an authorised event for all surgical procedures in doctors rooms and surgical procedures in hospital, non-PMB admission.	Subject to In-Hospital 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 **R160** 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 0376 (+27 10 597 4703).	Unlimited subject to PMB and PMB level of care.
Includes the following: • **Physical Rehabilitation** • **Sub-Acute Facilities** • **Nursing Services** • **Hospice** • **Terminal Care** **Clinical Protocols apply.**	**R11 100** per family per annum. Subject to the Alternatives to Hospitalisation Limit.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved or pre-authorised by the Scheme on 086 000 0376 (+27 10 597 4703) and must be obtained from the DSP, Network Provider or Preferred Provider.	
Includes the following: • **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 0376 (+27 10 597 4703) and services must be obtained from the Preferred Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. Unlimited subject to PMB and PMB level of care.
OXYGEN THERAPY EQUIPMENT Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) 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 0376 (+27 10 597 4703) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care.

MAJOR Medical Benefits – In-Hospital

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the DSP or Network Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or Family Practitioners. **Clinical Protocols apply.**	Subject to In-Hospital Limit.
ORGAN, TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network or Centre of Excellence. **Includes the following:** • **Immuno-Suppressive Medication** • **Post Transplantation Biopsies and Scans** • **Related Radiology and Pathology** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **25% upfront co-payment** for the use of a non-MediPhila Hospital Network. Organ harvesting is limited to the Republic of South Africa. Work-up costs for donor in Solid Organ Transplants included. No benefits for international donor search costs. Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event, and excludes allergy and vitamin D testing. **Clinical Protocols apply.**	Subject to In-Hospital Limit.
PHYSIOTHERAPY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703).	**R2 500** per beneficiary per annum, subject to In-Hospital Limit, thereafter Day-to-Day Limit.
PROSTHESIS AND DEVICES INTERNAL Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network. Preferred Provider Network will apply. **Surgically Implanted Devices.** **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. **Sub-limit** for hips and knees: **R30 000** per beneficiary - subject to Prosthesis and Devices Internal Limit (global fee).
PROSTHESIS EXTERNAL Services must be pre-approved or pre-authorised by the Scheme on 086 000 0376 (+27 10 597 4703) and must be obtained from the DSP, Network Provider or Preferred Provider. **Clinical Protocols apply.**	Unlimited subject to PMB and PMB level of care. Subject to referral by a Network FP and authorisation.
LONG LEG CALLIPERS Service must be pre-approved or pre-authorised by the Scheme on 086 000 0376 (+27 10 597 4703) and must be obtained from the DSP, Network Provider or Preferred Provider.	Unlimited subject to PMB and PMB level of care and referral from a Network FP.
GENERAL RADIOLOGY As part of an authorised event. **Clinical Protocols apply.**	Subject to In-Hospital Limit.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) 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.**	Subject to In-Hospital Limit. **R6 000** per family. **10% upfront co-payment** for non-PMB.
CHRONIC RENAL DIALYSIS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) 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.	Subject to In-Hospital Limit.
MENTAL HEALTH Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila 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**	Unlimited subject to PMB and PMB level of care. **40% upfront co-payment** for the use of a non-DSP Facility. DSP applicable from Rand one for PMB admissions. Subject to PMB and PMB level of care. Subject to PMB and PMB level of care.
HIV & AIDS Subject to pre-authorisation and registration with the relevant Managed Healthcare Programme on 086 050 6080 (+27 11 912 1000) and must be obtained from the DSP. **Includes the following:** • **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 **40% upfront co-payment.**
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) 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 a list of procedures and blood tests.

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.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	**6 Antenatal** consultations per pregnancy.
PREGNANCY RELATED SCANS AND TESTS	**Two** 2D Scans per pregnancy.
CONFINEMENT AND POSTNATAL CONSULTATIONS Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) and services must be obtained from the MediPhila Hospital Network. The use of the Medshield Specialist Network may apply.	
• **Confinement in hospital**	**Unlimited.**
• **Delivery by a Family Practitioner or Medical Specialist**	**Unlimited.**
• **Confinement in a registered birthing unit or out of hospital**	**Unlimited.**
- Midwife consultations per pregnancy	**4 Postnatal** consultations per pregnancy.
- Delivery by a registered Midwife or a Practitioner	Applies to a registered Midwife only.
- Hire of water bath and oxygen cylinder	**Unlimited.**
Clinical Protocols apply.	

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)	**Unlimited** subject to PMB and PMB level of care.
• **Active Treatment** Including Stoma Therapy, Incontinence Therapy and Brachytherapy.	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Oncology Medicine**	Subject to Oncology Limit. **ICON Standard** Protocols apply.
• **Radiology and Pathology** Only Oncology related Radiology and Pathology as part of an authorised event.	Subject to Oncology Limit.
• **PET and PET-CT** Limited to **1 Scan** per family per annum.	Subject to Oncology Limit.
INTEGRATED CONTINUOUS CANCER CARE Social worker psychological support during cancer care treatment.	**4 visits** per family per annum. Subject to Oncology Limit.
SPECIALISED DRUGS FOR ONCOLOGY, NON-ONCOLOGY AND BIOLOGICAL DRUGS	Subject to Oncology Limit.
• **Macular Degeneration** **Clinical Protocols apply.**	**R20 000** per family per annum.

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**.

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

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

- Out of formulary PMB medication voluntarily obtained.
- Formulary PMB medication voluntarily obtained from a provider other than the Designated Service Provider (DSP).

This option covers medicine for all 26 PMB CDLs.

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. Medicines will be approved in line with the **MediPhila Basic Formulary**.

DENTISTRY Benefits

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

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
BASIC DENTISTRY • **Out-of-Hospital** According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network. Plastic Dentures subject to pre-authorisation. Failure to obtain an authorisation prior to treatment, will result in a **20% penalty.**	**R1 270** per family per annum. Subject to the Specialised Dentistry Limit.
SPECIALISED DENTISTRY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703). 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 MediPhila Hospital Network.	**R5 300** per family per annum.
• **Wisdom Teeth and Apicectomy** Wisdom Teeth - The MediPhila Hospital Network must be used if authorised for an In-Hospital procedure. Apicectomy only covered in the Practitioners' rooms. Subject to pre-authorisation. According to the Dental Managed Healthcare Programme, Protocols and the Medshield Dental Network.	Subject to the Specialised Dentistry Limit. **R4 000 upfront** co-payment applies if procedure is done In-Hospital. No co-payment applies if procedure is done under conscious sedation in Practitioners' rooms.
MAXILLO-FACIAL AND ORAL SURGERY All below services are subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703). **Non-elective surgery only.** According to the Dental Managed Healthcare Programme and Protocols. Services must be obtained from the MediPhila Hospital Network.	Limited to PMB Only.
There is no benefit for the following Specialised Dentistry services: Dental Implants, Orthodontic Treatment, Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics.	

OUT-OF-HOSPITAL Benefits

Provides cover for Out-of-Hospital services such as Family Practitioner (FP) Consultations, Optical Services, Specialist Consultations and Acute Medication from your Day-to-Day Limit.

Your **Day-to-Day Limit** is allocated to your family.

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

Your **FP LIMIT** is allocated according to your family size.

Treatment paid at 100% of the negotiated fee, or in the absence of such fee
100% of the cost or Scheme Tariff.

DAY-TO-DAY Benefits

The following services are paid from your Day-to-Day Limit unless a specific sub-limit is stated, all services accumulate to the Overall Annual Limit.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
DAY-TO-DAY LIMIT	**R2 800** per family per annum.
FAMILY PRACTITIONER (FP) CONSULTATIONS AND VISITS (According to list of services set out in **Addendum C**). The MediPhila FP Network applicable from Rand one. Each beneficiary must nominate one Family Practitioner from the MediPhila FP Network to the maximum of two Family Practitioners for a family. To obtain pre-authorisation contact the MediPhila Contact Centre on 086 000 0376. Out-of-Network FP/emergency FP consultations and visits. (When you have not consulted your nominated FP).	**Unlimited** Access to the following without pre-authorisation: **M0 = 8 visits** **M+1 = 9 visits** **M2+ = 11 visits** Thereafter unlimited - subject to pre-authorisation. **2 visits** per family, thereafter a **40% co-payment** will apply. Subject to FP Network Limit.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS Subject to pre-authorisation. The use of the Medshield Specialist Network may apply.	**1 visit** per family per annum, thereafter subject to Day-to-Day Limit and subject to Network FP referral.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefits will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	Consultations subject to FP visits. Medicine limited to the Acute Medicine Limit and Day-to-Day Limit. Facility fee subject to Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL	
• **Acute medicine** Medshield medicine pricing and formularies apply.	Subject to Day-to-Day Limit. Further limited to: **R1 200** per family The use of MediPhila Pharmacy Network and the Basic Acute formulary applies from Rand one.
• **Pharmacy Advised Therapy (PAT)**	Subject to the Acute Medication Limit. Further limited to: Single member **R315** Family **R440** Limited to **R70** per script.
OPTICAL LIMIT Subject to relevant Optometry Managed Healthcare Programme and Protocols.	Limited to **R710** per beneficiary every 24 month Determined by an Optical Service Date Cycle. Starting 1 January 2019. Subject to the use of a DSP.
• **Optometric refraction** (eye test)	**1 test** per beneficiary per 24 month Optical cycle. Subject to Overall Annual Limit.
• **Spectacles** (single vision lenses) (including repair costs) (excludes Bi-focal Lenses, Multifocal Lenses, Contact Lenses and any Lens Add-ons)	Subject to Optical Limit.
• **Frames** (including repair costs)	Subject to Optical Limit.
• **Readers:** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a registered Pharmacy.	**R160** per beneficiary per annum. Subject to Optical Limit.
PATHOLOGY AND MEDICAL TECHNOLOGY (According to the list of services as set out in **Addendum D**). Subject to the relevant Pathology Managed Healthcare Programme and Protocols.	Subject to the Medshield MediPhila Basic Pathology formulary. Only on referral from a Network FP.
GENERAL RADIOLOGY (According to the list of services as set out in **Addendum E**). Subject to the relevant Radiology Managed Healthcare Programme and Protocols.	Subject to the Medshield MediPhila Basic Radiology formulary. Only on referral from a Network FP.
SPECIALISED RADIOLOGY Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703).	Limited to and included in the Specialised Radiology Limit. **R6 000** per family. **10% upfront** co-payment for non-PMB.

DAY-TO-DAY Benefits

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
NON-SURGICAL PROCEDURES AND TESTS The use of the Medshield Specialist Network may apply. • **Non-Surgical procedures** - FP Network - Non FP Network - Tests and Procedures not specified **Refer to Addendum C for list of services covered**	 Subject to the In-Hospital Limit. Subject to Day-to-Day Limit. No Benefit.
• **Procedures and Tests in Practitioners' rooms** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) **Subject to the use of FP Network**	Subject to the In-Hospital Limit. According to the list of services set out in Addendum C.
• **Routine diagnostic Endoscopic Procedures in Practitioners' rooms** Subject to pre-authorisation by the relevant Managed Healthcare Programme on 086 000 0376 (+27 10 597 4703) **Subject to the use of FP Network**	Subject to the In-Hospital Limit. According to the MediPhila Procedures List. **Refer to Addendum B** for a list of services.

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.

Unless otherwise specified subject to Overall Annual Limit, thereafter subject to the Day-to-Day Limit, excluding consultations for the following services:

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	**1 per beneficiary 18+ years** old to a maximum of **R95.**
Pap Smear	**1 per female** beneficiary.
Health Risk Assessment (Pharmacy or FP)	**1 per beneficiary 18+ years** old per annum.
TB Test	**1 test** per beneficiary.
National HIV Counselling Testing (HCT)	**1 test** per beneficiary.
Birth Control (Oral Contraceptive Medication)	Restricted to **1 month's** supply to a maximum of **12 prescriptions** per annum per female beneficiary, with a script limit of **R105**. Limited to the Scheme's Contraceptive formularies and protocols.
HPV Vaccination (Human Papillomavirus)	**1 course of 2 injections per female** beneficiary. Subject to qualifying criteria.

The following tests are covered under the Health Risk Assessment

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

Health Risk Assessments

Can be obtained from:

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

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. **Clinical Protocols apply.**	**Unlimited.**

24 Hour access to the Emergency Operation Centre

Telephonic **medical** advice

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

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

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

MONTHLY Contributions

MEDIPHILA OPTION	PREMIUM
Principal Member	**R1 305**
Adult Dependant	**R1 311**
Child	**R339**

DIRECTORY of Medshield MediPhila Partners

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside the borders of South Africa
Chronic Medication Courier Services	Clicks Direct Medicines	**Contact number:** +27 10 210 3300 **Customer Service number:** 086 144 4405 **Facsimile:** 086 144 4414
Chronic Medication Courier Services	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
Chronic Medicines Management	Medscheme	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** medshieldcmm@medscheme.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside the borders of South Africa Wisdom teeth and In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Disease Management Programme	Medscheme	**Contact number:** 086 000 0376 (+27 10 597 4703) for members outside the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** diseasemanagement@medshield.co.za
HIV and AIDS Management	LifeSense Disease Management	**Contact number:** 24 Hour Help Line 086 050 6080 (+27 11 912 1000) for members outside the borders of South Africa **Facsimile:** 086 080 4960 **email:** medshield@lifesense.co.za
HIV Medication Courier Services (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 0376 (+27 10 597 4703) for members outside the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 0376 (+27 10 597 4703) 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 0376 (+27 10 597 4703) for members outside 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 0376 (+27 10 597 4703) for members outside the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

Medshield Head Office

288 Kent Avenue, Cnr of Kent Avenue and Harley Street, Ferndale
email: member@medshield.co.za
Postal Address: PO Box 4346, Randburg, 2125

Medshield Regional Offices

BLOEMFONTEIN
Suite 13, Office Park, 149 President Reitz Ave, Westdene
email: medshield.bloem@medshield.co.za

DURBAN
Unit 4A, 95 Umhlanga Rocks Drive, Durban North
email: medshield.durban@medshield.co.za

CAPE TOWN
Podium Level, Block A, The Boulevard, Searle Street, Woodstock
email: medshield.ct@medshield.co.za

MEDSHIELD CONTACT CENTRE
Contact number: 086 000 2120 (+27 10 597 4701) for members outside the borders of South Africa.
Facsimile: +27 10 597 4706
email: member@medshield.co.za

EAST LONDON
Unit 3, 8 Princes Road, Vincent
email: medshield.el@medshield.co.za

PORT ELIZABETH
Unit 3 (b), The Acres Retail Centre, 20 Nile Road, Perridgevale
email: medshield.pe@medshield.co.za

MEDSHIELD Medical Scheme Banking Details

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

WEBSITE

Our website is an informative, user-friendly online portal, providing you with easy access and navigation to key member related information. It features regular Scheme updates and a Wellness section which provides expert advice on maintaining a balanced lifestyle.
Visit www.medshield.co.za for more information and to register to view the following details:

- Membership details
- Claims status and details
- Savings balance
- Summary of used and available benefits

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 112 118
email: fraud@medshield.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 or the Operations Manager.

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

ONLINE SERVICES - Apple iPad and Android Member Apps

It has now become even easier to manage your healthcare! Medshield members now have access to real-time, online software applications which allow members to access their member statements as well as claims information anywhere and at any time.

Aside from viewing member statements you can also use these apps for hospital pre-authorisation, to view or email your tax certificate, get immediate access to your membership details through the digital membership card on the app as well as check your claims through the claims checker functionality in real time. This service allows members to search for healthcare professionals or establishments in just a few easy steps.

The Apple Ipad App is available from iTunes and the Android version from the Playstore.

PRESCRIBED Minimum Benefits (PMB)

All members of Medshield Medical Scheme are entitled to a range of guaranteed benefits; these are known as Prescribed Minimum Benefits (PMB). The cost of treatment for a PMB condition is covered by the Scheme, provided that the services are rendered by the Scheme's Designated Service Provider (DSP) and according to the Scheme's protocols and guidelines.

What are PMBs?

The aim of PMBs is to provide medical scheme members and beneficiaries with continuous care to improve their health and well-being, and to make healthcare more affordable.

These costs are related to the diagnosis, treatment and care of the following three clusters:

CLUSTER 1

Emergency medical condition

- An emergency medical condition means the sudden and/or unexpected onset of a health condition that requires immediate medical or surgical treatment
- If no treatment is available the emergency may result in weakened bodily function, serious and lasting damage to organs, limbs or other body parts or even death

CLUSTER 2

Diagnostic Treatment Pairs (DTP)

- Defined in the DTP list on the Council for Medical Schemes' website. The Regulations to the Medical Schemes Act provide a long list of conditions identified as PMB conditions
- The list is in the form of Diagnosis and Treatment Pairs. A DTP links a specific diagnosis to a treatment and therefore broadly indicates how each of the 270 PMB conditions should be treated and covered

CLUSTER 3

26 Chronic Conditions

- The Chronic Disease List (CDL) specifies medication and treatment for these conditions
- To ensure appropriate standards of healthcare an algorithm published in the Government Gazette can be regarded as benchmarks, or minimum standards for treatment

WHY PMBs?

PMBs were created to:

- Guarantee medical scheme members and beneficiaries with continuous care for these specified diseases. This means that even if a member's benefits have run out, the medical scheme has to pay for the treatment of PMB conditions
- Ensure that healthcare is paid for by the correct parties. Medshield members with PMB conditions are entitled to specified treatments which will be covered by the Scheme

This includes treatment and medicines of any PMB condition, subject to the use of the Scheme's Designated Service Provider, treatment protocols and formularies.

WHY Designated Service Providers are important?

A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is Medshield's first choice when its members need diagnosis, treatment or care for a PMB condition. If you choose not to use the DSP selected by the Scheme, you may have to pay a portion of the provider's account as a co-payment. This could either be a percentage based co-payment or the difference between the DSPs tariff and that charged by the provider you went to.

If you choose not to use the DSP selected by your scheme, you may have to pay a portion of the bill as a co-payment.

QUALIFYING to enable your claims to be paid

- One of the types of codes that appear on healthcare provider accounts is known as International Classification of Diseases ICD-10 codes. These codes are used to inform the Scheme about what conditions their members were treated for, so that claims can be settled correctly
- Understanding your PMB benefit is key to having your claims paid correctly. More details than merely an ICD-10 code are required to claim for a PMB condition and ICD-10 codes are just one example of the deciding factors whether a condition is a PMB
- In some instances you will be required to submit additional information to the Scheme. When you join a medical scheme or in your current option, you choose a particular set of benefits and pay for this set of benefits. Your benefit option contains a basket of services that often has limits on the health services that will be paid for
- Because ICD-10 codes provide information on the condition you have been diagnosed with, these codes, along with other relevant information required by the Scheme, help the Scheme to determine what benefits you are entitled to and how these benefits should be paid
- The Scheme does not automatically pay PMB claims at cost as, in its experience there is a possibility of over-servicing members with PMB conditions. It therefore remains your responsibility, as the member, to contact the Scheme and confirm PMB treatments provided to you

If your PMB claim is rejected you can contact Medshield on 086 000 0376 (+27 10 597 4703) to query the rejection.

YOUR RESPONSIBILITY as a member

EDUCATE yourself about:

- The Scheme Rules
- The listed medication
- The treatments and formularies for your condition
- The Medshield Designated Service Providers (DSP)

RESEARCH your condition

- Do research on your condition
- What treatments and medications are available?
- Are there differences between the branded drug and the generic version for the treatment of your condition?

DON'T bypass the system

- If you must use a FP to refer you to a specialist, then do so.
- Make use of the Scheme's DSPs as far as possible.
- Stick with the Scheme's listed drugs for your medication

TALK to us!

- Ask questions and discuss your queries with Medshield.
- Make sure your doctor submits a complete account to Medshield.

CHECK that your account was paid

- Follow up and check that your account is submitted within four months and paid within 30 days after the claim was received (accounts older than four months are not paid by medical schemes)

IMPORTANT to note

When diagnosing whether a condition is a PMB, the doctor should look at the signs and symptoms at point of consultation. This approach is called a diagnosis-based approach.

- Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment i.e. at a hospital, as an outpatient ,or at a doctor's rooms
- Only the final diagnosis will determine if the condition is a PMB or not
- Any unlimited benefit is strictly paid in accordance with PMB guidelines and where treatment is in line with prevailing public practice

HEALTHCARE PROVIDERS' responsibilities

Doctors do not usually have a direct contractual relationship with medical schemes. They merely submit their accounts and if the Scheme does not pay, for whatever reason, the doctor turns to the member for the amount due. This does not mean that PMBs are not important to healthcare providers or that they don't have a role to play in its successful functioning. Doctors should familiarise themselves with ICD-10 codes and how they correspond with PMB codes and inform their patients to discuss their benefits with their scheme, to enjoy guaranteed cover.

How to avoid rejected PMB claims?

- Ensure that your doctor (or any other healthcare service provider) has quoted the correct ICD-10 code on your account. ICD-10 codes provide accurate information on your diagnosis
- ICD-10 codes must also be provided on medicine prescriptions and referral notes to other healthcare providers (e.g. pathologists and radiologists)
- The ICD-10 code must be an exact match to the initial diagnosis when your treating provider first diagnosed your chronic condition or it will not link correctly to pay from the PMB benefit
- When you are registered for a chronic condition and you go to your treating doctor for your annual check-up, the account must reflect the correct ICD-10 code on the system. Once a guideline is triggered a letter will be sent to you with all the tariff codes indicating what will be covered from PMB benefits
- Only claims with the PMB matching ICD-10 code and tariff codes will be paid from your PMB benefits. If it does not match, it will link to your other benefits, if available
- Your treatment must be in line with the Medshield protocols and guidelines

PMB CARE templates

The law requires the Scheme to establish sound clinical guidelines to treat ailments and conditions that fall under PMB regulation. These are known as ambulatory PMB Care templates.

The treatment protocol is formulated into a treatment plan that illustrates the available number of visits, pathology and radiology services as well as other services that you are entitled to, under the PMB framework.

TREATMENT Plans

Treatment Plans are formulated according to the severity of your condition. In order to add certain benefits onto your condition, your Doctor can submit a clinical motivation to our medical management team.

When you register on a Managed Care Programme for a PMB condition, the Scheme will provide you with a Treatment Plan.

When you register for a PMB condition, ask for more information on the Treatment Plan set up for you.

The treatment protocol for each condition may include the following:

- The type of consultations, procedures and investigations which should be covered
- These will be linked to the condition's ICD-10 code(s)
- The number of procedures and consultations that will be allowed for a PMB condition can be limited per condition for a patient

The frequency with which these procedures and consultations are claimed can also be managed.

Claims accumulate to the care templates and Day-to-Day benefits at the same time.

Addendum **A**

INFERTILITY INTERVENTIONS AND INVESTIGATIONS

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

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

Addendum **B**

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

Addendum **C**

TARIFF CODE	DESCRIPTION
0190 -0192	FP Consultations

Tariffs that can be charged in addition to a consultation (cost of material included):

TARIFF CODE	DESCRIPTION
0202	Setting of sterile tray
0206	Intravenous treatment (all ages)
0241	Cauterization of warts/chemocryotherapy of lesions
0242	Cauterization of warts/chemocryotherapy of lesions - Additional
0255	Drainage of abscess and avulsion of nail
0259	Removal of foreign body
0300	Stitching of wound (additional code for setting sterile tray)
0301	Stitching of an additional wound
0307	Excision and repair
0310	Radical excision of nail bed in rooms
0887	Limb cast
1232	Resting ECG (including electrodes)
1725	Drainage of external thrombosed pile
4614	HIV rapid test
	Health Risk Assement Test (HRAT):
	Cholesterol, Blood Glucose, Blood Pressure, Body Mass Index (BMI)

Addendum **D** - MediPhila Pathology Formulary

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
A. CHEMISTRY		
CARDIAC / MUSCLE		
4152	CK-MB: Mass determination: Quantitative (Automated)	No
4161	Troponin isoforms: Each	No
DIABETES		
4057	Glucose: Quantitative	No
4064	HbA1C	No
INFLAMMATION / IMMUNE		
3947	C-reactive protein	No
LIPIDS		
4027	Cholesterol total	No
4026	LDL cholesterol	No
4028	HDL cholesterol	No
4147	Triglyceride	No
LIVER / PANCREAS		
3999	Albumin	No
4001	Alkaline phosphatase	No
4006	Amylase	No
4009	Bilirubin: Total	No
4010	Bilirubin: Conjugated	No
4117	Protein: Total	No
4130	Aspartate aminotransferase (AST)	No
4131	Alanine aminotransferase (ALT)	No
4133	Lactate dehidrogenase (LD)	No
4134	Gamma glutamyl transferase (GGT)	No

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
RENAL / ELECTROLYTES / BONE		
4017	Calcium: Spectrophotometric	No
4032	Creatinine	No
4086	Lactate	No
4094	Magnesium: Spectrophotometric	No
4109	Phosphate	No
4113	Potassium	No
4114	Sodium	No
4155	Uric acid	No
4151	Urea	No
B. HAEMATOLOGY		
CEREBROSPINAL FLUID		
3709	Antiglobulin test (Coombs' or trypsinzied red cells)	No
3716	Mean cell volume	No
3743	Erythrocyte sedimentation rate	No
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	No
3762	Haemoglobin estimation	No
3764	Grouping: A B and O antigens	No
3765	Grouping: Rh antigen	No
3797	Platelet count	No
3805	Prothrombin index	No
3809	Reticulocyte count	No
3865	Parasites in blood smear	No
4071	Iron	No
4144	Transferrin	No
4491	Vitamin B12	No
4528	Ferritin	No
4533	Folic acid	No
C. ENDOCRINE - REPRODUCTIVE		
4450	HCG: Monoclonal immunological: Qualitative	No
4537	Prolactin	No
ENDOCRINE - THYROID		
4482	Free thyroxine (FT4)	No
4507	Thyrotropin (TSH)	No
OTHER ENDOCRINE		
4519	Prostate specific antigen	No
D. SEROLOGY		
AUTO IMMUNE		
3934	Auto antibodies by labelled antibodies: FOR ANF ONLY	No
3939	Agglutination test per antigen	No
4155	Uric acid	No
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method: FOR RHEUMATOID FACTOR ONLY	No
Hepatitis tests		
4531	Hepatitis: Per antigen or antibody	No
4531	Acute hepatitis A (IgM)	No
4531	Chronic Hepatitis A (IgG)	No
4531	Acute Hepatitis B (BsAG)	No
4531	Hepatitis B: carrier/ immunity (BsAB)	No

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
HIV tests		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	No
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	No
3974	Qualitative PCR (only for children < age 6 months)	Yes
4429	Quantitative PCR (DNA/RNA)	Yes
Infectious Diseases and Others		
3946	IgM: Specific antibody titer: ELISA/EMIT: RUBELLA	No
3948	IgG: Specific antibody titer: ELISA/EMIT: RUBELLA	No
3951	Quantatative Kahn, VDRL or other flocculation	No
E. Cytology		
4566	Vaginal or cervical smears, each	No
F. Histology		
4567	Histology per sample	No
G. Miscellaneous		
4352	Faecal occult blood test (FOB)	
H. Microbiology		
MCS		
3909	Anaerobe culture: Limited procedure	No
3901	Fungal culture	No
3918	Mycoplasma culture: Comprehensive	No
4401	Cell count	No
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	No
3928	Antimicrobic substances	No
3893	Bacteriological culture: Miscellaneous	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, etc.)	No
3922	Viable cell count	No
3879	Campylobacter in stool: Fastidious culture	No
3895	Bacteriological culture: Fastidious organisms	No
3928	Antimicrobic substances	No
3887	Antibiotic susceptibility test: Per organism	No
3924	Biochemical identification of bacterium: Extended	No
3869	Faeces (including parasites)	No
3868	Fungus identification	No
3881	Mycobacteria	No
3901	Fungal culture	No
3868	Fungus identification	No
AFB fluorochrome auramine (ZN) only		
3885	Cytochemical stain	No
3881	Antigen detection with monoclonal antibodies	No
TB culture		
3881	Antigen detection with monoclonal antibodies	No
4433	Bacteriological DNA identification (LCR)	No
3916	Radiometric tuberculosis culture	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, etc.)	No
3895	Bacteriological culture: Fastidious organisms	No
TB sensitivity		
3887	Antibiotic susceptibility test: Per organism	No
3974	Polymerase chain reaction	Yes
Extrapulmonary TB		
4139	Adenosine deaminase (CSF, Peritoneal or Pleural)	No
Parasites		
3869	Faeces (including parasites)	No
3883	Concentration techniques for parasites	No

TARIFF CODE	DESCRIPTION	SUBJECT TO AUTHORISATION
3865	Parasites in blood smear	No
Bilharzia micro		
3980	Bilharzia Ag Serum/Urine	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, etc.)	No
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	No
3883	Concentration techniques for parasites	No

Addendum **E** - MediPhila Radiology Formulary

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
GENERAL			
		39300	X-Ray films
SKULL AND BRAIN			
3349	10100	39039	X-ray of the skull
FACIAL BONES AND NASAL BONES			
3353	11100	39043	X-ray of the facial bones
3357	11120	39047	X-ray of the nasal bones
ORBITS AND PARANASAL SINUSES			
3353	12100	39043	X-ray orbits
3351	13100	39041	X-ray of the paranasal sinuses, single view
	13110		X-ray of the paranasal sinuses, two or more views
MANDIBLE, TEETH AND MAXILLA			
3355	14100	39045	X-ray of the mandible
3361	14130	39051	X-ray of the teeth single quadrant
3363	14140	39053	X-ray of the teeth more than one quadrant
3365	14150	39055	X-ray of the teeth full mouth
3361	15100	39059	X-ray tempero-mandibular joint, left
3361	15110	39059	X-ray tempero-mandibular joint, right
3359	16100	39049	X-ray of the mastoids, unilateral
3359	16110	39049	X-ray of the mastoids, bilateral
THORAX			
3445	30100	39107	X-ray of the chest, single view
	30110	39107	X-ray of the chest two views, PA and lateral
3449	30150	39107	X-ray of the ribs
ABDOMEN AND PELVIS			
3477	40100	39125	X-ray of the abdomen
	40105	39125	X-ray of the abdomen supine and erect, or decubitus
	40110		X-ray of the abdomen multiple views including chest
SPINE			
3321		39017	Skeleton: Spinal column - Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic
	50100	39025	X-ray of the spine scoliosis view AP only
3321	51110	39017	X-ray of the cervical spine, one or two views
3321	52100	39017	X-ray of the thoracic spine, one or two views
3321	53110	39017	X-ray of the lumbar spine, one or two views
3321	54100	39017	X-ray of the sacrum and coccyx
	54110	39027	X-ray of the sacro-iliac joints
PELVIS AND HIPS			
3331	55100	39027	X-ray of the pelvis

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
6518	56100	39017	X-ray of the left hip
6518	56110	39017	X-ray of the right hip
	56120		X-ray pelvis and hips
UPPER LIMB			
6509	61100	39003	X-ray of the left clavicle
6509	61105	39003	X-ray of the right clavicle
6510	61110	39003	X-ray of the left scapula
6510	61115	39003	X-ray of the right scapula
6508	61120	39003	X-ray of the left acromio-clavicular joint
6508	61125	39003	X-ray of the right acromio-clavicular joint
6507	61130	39003	X-ray of the left shoulder
6507	61135	39003	X-ray of the right shoulder
6506	62100	39003	X-ray of the left humerus
6506	62105	39003	X-ray of the right humerus
6505	63100	39003	X-ray of the left elbow
6505	63105	39003	X-ray of the right elbow
6504	64100	39003	X-ray of the left forearm
6504	64105	39003	X-ray of the right forearm
6500	65100	39003	X-ray of the left hand
6500	65105	39003	X-ray of the right hand
3305	65120	39001	X-ray of a finger
6501	65130	39003	X-ray of the left wrist
6501	65135	39003	X-ray of the right wrist
6503	65140	39003	X-ray of the left scaphoid
6503	65145	39003	X-ray of the right scaphoid
LOWER LEG			
6514	73100	39003	X-ray of the left lower leg
6514	73105	39003	X-ray of the right lower leg
6512	74100	39003	X-ray of the left ankle
6512	74105	39003	X-ray of the right ankle
6511	74120	39003	X-ray of the left foot
6511	74125	39003	X-ray of the right foot
6513	74130	39003	X-ray of the left calcaneus
6513	74135	39003	X-ray of the right calcaneus
6511	74140	39003	X-ray of both feet – standing – single view
3305	74145	39001	X-ray of a toe
FEMUR			
6517	71100	39003	X-ray of the left femur
6517	71105	39003	X-ray of the right femur
6515	72100	39003	X-ray of the left knee one or two views
6515	72105	39003	X-ray of the right knee one or two views
	72120	39003	X-ray of the left knee including patella
	72125	39003	X-ray of the right knee including patella
6516	72140	39003	X-ray of left patella
6516	72145	39003	X-ray of right patella
	72150	39003	X-ray both knees standing – single view
6519	74150	39003	X-ray of the sesamoid bones one or both sides
CT SCANS			
6416	13300		CT of the paranasal sinuses single plane, limited study
6417	13300		CT of the paranasal sinuses single plane, limited study
ULTRASOUND ABDOMEN AND PELVIS			
5102	61200		Ultrasound of the left shoulder joint
5102	61210		Ultrasound of the right shoulder joint

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
	41200		Ultrasound study of the upper abdomen
3627	40210		Ultrasound study of the whole abdomen including the pelvis
3618	43200	39147	Ultrasound study of the pelvis transabdominal
3615	43250	39145	Ultrasound study of the pregnant uterus, first trimester
	43270	39145	Ultrasound study of the pregnant uterus, third trimester, first visit
	43273	39145	Ultrasound study of the pregnant uterus, third trimester, follow-up visit
3615	43277	39145	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit
3617	43260	39145	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment

Addendum **F** - Scheme Exclusions

GENERAL

- Services which are not mentioned in the Rules as well as services which in the opinion of the Board of Trustees, are not aimed at the generally accepted medical treatment of an actual or a suspected medical condition or handicap, which is harmful or threatening to necessary bodily functions (the process of ageing is not considered to be a suspected medical condition or handicap).
- Travelling and accommodation/lodging costs, including meals as well as administration costs of a beneficiary and/or service provider.
- Aptitude, intelligence/IQ and similar tests as well as the treatment of learning problems.
- Operations, treatments and procedures –
  - of own choice;
  - for cosmetic purposes; and
  - for the treatment of obesity, with the exception of the treatment of obesity which is motivated by a medical specialist as life-threatening and approved beforehand by Medshield
- Treatment of wilfully self-inflicted injuries, unless it is a prescribed minimum benefit.
- Services which are claimable from the Compensation Commissioner, an employer or any other party, subject to the stipulations of rule 15.4.
- The completion of medical and other questionnaires/ certificates not requested by Medshield and the services related thereto.
- Costs for evidence in a lawsuit.
- Costs exceeding the scheme tariff for a service or the maximum benefit to which a member is entitled, subject to PMB.
- Appointments not kept.
- Services rendered to beneficiaries outside the MediPhila Network or if voluntarily obtained from a non-designated service provider in the case of a PMB condition.
- Injuries sustained during participation in a strike, unlawful demonstration, unrest or violent conduct, except in the case of a prescribed minimum benefit.
- Services rendered outside the borders of the Republic of South Africa.

MEDICAL Conditions

- The treatment of infertility, other than that stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of alcoholism and drug abuse as well as services rendered by institutions which are registered in terms of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No 70 of 2008) or other institutions whose services are of a similar nature, other than stipulated in the Regulations to the Medical Schemes Act, 1998.
- Treatment of impotence.
- Treatment of occupational diseases.

MEDICINES, Consumables and other Products

- Bandages, cotton wool, dressings, plasters and similar materials that are not used by a supplier of service during a treatment/procedure.
- Food substitutes, food supplements and patent food, including baby food.
- Multivitamin and multi-mineral supplements alone or in combination with stimulants (tonics).
- Appetite suppressants.
- All patent substances, suntan lotions, anabolic steroids, contact lens solutions as well as substances not registered by the South African Medicines Control Council, except medicine items approved by Medshield in the following instances –
- Medicine items with patient-specific exemptions in terms of section 21 of the Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965) as amended;

- Homeopathic and naturopathic medicine items that have valid NAPPI codes; and
- Where well-documented, sound evidence-based proof exists of efficacy and cost-effectiveness.
- All biological and other medicine items as per Medshield's medicine exclusion list.
- High technology treatment modalities, surgical devices and medication.
- Combination analgesic medicine claimed from acute medicine benefits exceeding 360 units per beneficiary per year.
- Non-steroidal anti-inflammatory medicine claimed from acute medicine benefits exceeding 180 units per beneficiary per year.
- Roaccutane and Retin A, or any skin-lightening agents.
- Homeopathic and herbal medicine, as well as household remedies or any other miscellaneous household product of a medicinal nature.
- Non-formulary contraceptive intra-uterine devices.
- Medicine used in the treatment of a non-PMB/CDL chronic condition.
- Vaccines administered by Out-of-Network general medical practitioners and specialists.
- Incontinence supplies (nappies).

APPLIANCES

- Blood pressure apparatus.
- Motorised mobility aids/devices.
- Commode.
- Toilet seat raiser.
- Hospital beds for use at home.
- Devices to improve sight, other than the stated spectacles and contact lens benefits.
- Mattresses and pillows.
- Bras without external breast prostheses.
- Insulin pumps and consumables.
- Hearing aids and services rendered by audiologists and acousticians.
- Back, leg, arm and neck supports, crutches, orthopaedic footwear, elastic stockings and CPAP apparatus

ADDITIONAL Scheme exclusions

- Special reports.
- Dental testimony, including dento-legal fees.
- Behaviour management.
- Intramuscular and subcutaneous injections.
- Procedures that are defined as unusual circumstances and unlisted procedures.
- 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.
- Specialised dentistry: crowns and bridges, implants, orthodontics, periodontics and maxillofacial surgery, including laboratory costs.

NOTES

MEDSHIELD
medical scheme

DISCLAIMER

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme.
All benefits in accordance with the Registered Rules of the Scheme.
Terms and conditions of membership apply as per Scheme Rules.

January 2019