MediPlus

2026 Benefit Guide

MEDSHIELD
medical scheme
Partner for Life

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MediPlus Benefit Option

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

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

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

Monthly Contributions

MEDIPLUS OPTION	PRIME	COMPACT
Principal Member	**R5 436**	**R4 938**
Adult Dependant	**R3 879**	**R3 522**
***Child**	**R1 218**	**R1 113**

** To a maximum of 3 biological or legally adopted children only, excluding students.*

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

Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
OVERALL ANNUAL LIMIT	• **Unlimited**.	• **Unlimited**.
HOSPITAL NETWORK	• Prime Hospital Network.	• Compact Hospital Network.
HOSPITAL LIMIT	• **Unlimited**.	• **Unlimited**.
HOSPITALISATION Includes accommodation, hospital equipment, theatre costs, theatre and/or ward drugs, pharmaceuticals and/or surgical items. Pre-authorisation is required. *Clinical Protocols apply.*	• **Unlimited**. • Use of the Prime Hospital Network applies.	• **Unlimited**. • Use of the Compact Hospital Network applies.
• **Hospital co-payment for non-network hospital**	• **30% upfront co-payment** for the use of non-network hospital.	• **30% upfront co-payment** for the use of non-network hospital.
SURGICAL PROCEDURES As part of an authorised event.	• **Unlimited**.	• **Unlimited**.
MEDICINE ON DISCHARGE FROM HOSPITAL Included in the Hospital benefit if on the hospital account or if obtained from a Pharmacy on the day of discharge. According to the Maximum Generic Pricing or Medicine Price List and Formularies.	• **R700** per admission.	• **R700** per admission.
ALTERNATIVES TO HOSPITALISATION Pre-authorisation is required. Treatment only available immediately following an event. Includes Physical Rehabilitation, Sub-Acute Facilities, Nursing Services and Hospice. *Clinical Protocols apply.*	• **R82 000** per family per annum. • **30% upfront co-payment** for the use of a non-network facility.	• **R82 000** per family per annum. **30% upfront co-payment** for the use of a non-network facility.
• **Terminal Care Benefit** *Clinical Protocols apply.*	• **R57 500** per family per annum. • Subject to the Alternatives to Hospitalisation Limit.	• **R57 500** per family per annum. • Subject to the Alternatives to Hospitalisation Limit.
SPINAL SURGERY Pre-authorisation is required and the relevant Managed Healthcare Programme rules and protocols apply. A General Practitioner referral is required for the DBC Programme. No GP referral will attract a **20% upfront co-payment** on the Compact option only. The use of the Medshield Specialist Network may apply from Rand one.	• **Unlimited**, if the Conservative Back & Neck Rehabilitation Programme has been completed. • The Conservative Back and Neck Rehabilitation Programme manage the pre-authorisation, assessment and/or management of treatment in respect of conditions that qualify for reimbursement. • **R5 000 upfront co-payment** applicable if DBC programme is not suitable or there is no reasonable access. • **R20 000 upfront co-payment** applicable if DBC programme is not utilised prior to surgery (except emergencies). • No co-payment if DBC programme completed and surgery required.	• **Unlimited**, if the Conservative Back & Neck Rehabilitation Programme has been completed. • The Conservative Back and Neck Rehabilitation Programme manage the pre-authorisation, assessment and/or management of treatment in respect of conditions that qualify for reimbursement. • **R5 000 upfront co-payment** applicable if DBC programme is not suitable or there is no reasonable access. • **R20 000 upfront co-payment** applicable if DBC programme is not utilised prior to surgery (except emergencies). • No co-payment if DBC programme completed and surgery required.
GENERAL, MEDICAL AND SURGICAL APPLIANCES Service must be pre-approved and obtained from the DSP Network Provider or Preferred Provider.	• **R12 000** per family per annum.	• **R12 000** per family per annum.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
Hiring or buying of Appliances, External Accessories and Orthotics:		
• **Peak Flow Meters, Nebulizers, Glucometers and Blood Pressure Monitors** (motivation required)	• **R950** per beneficiary per annum. • Subject to the Appliance Limit.	• **R950** per beneficiary per annum. • Subject to the Appliance Limit.
• **Continous Glucose Monitoring** For beneficiaries up to 18 years old diagnosed with Type 1 Diabetes. Pre-authorisation applies and is subject to enrolment on the Diabetic Disease Management Programme. *Clinical Eligibility and Protocols apply*	• **R26 500** per beneficiary per annum. • Subject to the Appliance Limit and further subject to the Chronic Medicine Limit.	• **R26 500** per beneficiary per annum. • Subject to the Appliance Limit and further subject to the Chronic Medicine Limit.
• **Hearing Aids** (Including repairs) Prior Scheme approval required. 4 year Clinical Protocol apply.	• Subject to the Appliance Limit.	• Subject to the Appliance Limit.
• **Wheelchairs** (including repairs) Prior Scheme approval required.	• Subject to the Appliance Limit.	• Subject to the Appliance Limit.
• **Stoma Products and Incontinence Sheets related to Stoma Therapy** Pre-authorisation is required.	• **Unlimited** if pre-authorised.	• **Unlimited** if pre-authorised.
• **CPAP Apparatus for Sleep Apnoea** Pre-authorisation is required and services must be obtained from the Preferred Provider. *Clinical Protocols apply.*	• Subject to the Appliance Limit.	• Subject to the Appliance Limit.
OXYGEN THERAPY EQUIPMENT Pre-authorisation is required and services must be obtained from the DSP or Network Provider. *Clinical Protocols apply.*	• **Unlimited**.	• **Unlimited**.
HOME VENTILATORS Pre-authorisation is required and services must be obtained from the DSP or Network Provider. *Clinical Protocols apply.*	• **Unlimited**.	• **Unlimited**.
BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (Including emergency transportation of blood) Pre-authorisation is required and services must be obtained from the DSP or Network Provider. *Clinical Protocols apply.*	• **Unlimited**.	• **Unlimited**.
MEDICAL PRACTITIONER CONSULTATIONS AND VISITS As part of an authorised event during hospital admission, including Medical and Dental Specialists or General Practitioners.	• **Unlimited**.	• **Unlimited**.
REFRACTIVE SURGERY (Including hospitalisation) Pre-authorisation is required. *Clinical Protocols apply.*	• **R22 000** per family per annum.	• **R22 000** per family per annum.
SLEEP STUDIES Pre-authorisation is required. Includes: Diagnostic Polysomnograms and CPAP Titration. *Clinical Protocols apply.*	• **Unlimited**.	• **Unlimited**.

Major Medical Benefits: In-Hospital

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
ORGAN TISSUE AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION Pre-authorisation is required. Includes the following: Immuno-Suppressive Medication, Post Transplantation and Biopsies and Scans, Related Radiology and Pathology. *Clinical Protocols apply.*	• **R191 000** per family per annum. • **30% upfront co-payment** for the use of a non-Prime Network Hospital. • Organ harvesting is limited to the Republic of South Africa. • Work-up costs for donor in Solid Organ Transplants included. • No benefit for international donor search costs. • Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.	• **R191 000** per family per annum. • **30% upfront co-payment** for the use of a non-Compact Network Hospital. • Organ harvesting is limited to the Republic of South Africa. • Work-up costs for donor in Solid Organ Transplants included. • No benefit for international donor search costs. • Haemopoietic stem cell (bone marrow) transplantation is limited to allogenic grafts and autologous grafts derived from the South African Bone Marrow Registry.
• **Corneal Grafts** (Internationally sourced Cornea).	• **R54 250** per beneficiary.	• **R54 250** per beneficiary.
• **Corneal Grafts** (Locally sourced Cornea).	• **R23 250** per beneficiary.	• **R23 250** per beneficiary.
PATHOLOGY AND MEDICAL TECHNOLOGY As part of an authorised event and excludes allergy and vitamin D testing. *Clinical Protocols apply.*	• **Unlimited**.	• **Unlimited**.
PHYSIOTHERAPY In-Hospital Physiotherapy requires pre-authorisation. In lieu of hospitalisation also refer to 'Alternatives to Hospitalisation' in this guide.	• **R3 450** per beneficiary per annum. • Thereafter subject to the Day-to-Day Limit unless specifically pre-authorised.	• **R3 450** per beneficiary per annum. • Thereafter subject to the Day-to-Day Limit unless specifically pre-authorised.
PROSTHESIS AND DEVICES INTERNAL Pre-authorisation is required for surgically implanted devices. Preferred Provider Network applies. *Clinical Protocols apply.*	• **R47 550** per family per annum.	• **R47 550** per family per annum.
PROSTHESIS EXTERNAL Pre-authorisation is required. Preferred Provider Network applies. Including Ocular Prosthesis. *Clinical Protocols apply.*	• **R75 000** per family per annum.	• **R75 000** per family per annum.
LONG LEG CALLIPERS Pre-authorisation is required and service must be obtained from the DSP, Network Provider or Preferred Provider.	• Subject to the External Prosthesis Limit.	• Subject to the External Prosthesis Limit.
GENERAL RADIOLOGY As part of an authorised event. *Clinical Protocols apply.*	• **Unlimited**.	• **Unlimited**.
SPECIALISED RADIOLOGY Pre-authorisation is required, and services must be obtained from the DSP or Network Provider. Includes CT Colonography (Virtual Colonoscopy). *Clinical Protocols apply.* **Includes the following:**	• **R17 500** per family per annum, In- and Out-of-Hospital.	• **R17 500** per family per annum, In- and Out-of-Hospital.
• CT scans, MUGA scans, MRI scans, Radio Isotope studies. Specific pre-authorisation is required.	• Subject to the Specialised Radiology Limit.	• Subject to the Specialised Radiology Limit.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
• Interventional Radiology replacing Surgical Procedures.	• **Unlimited.**	• **Unlimited.**
CHRONIC RENAL DIALYSIS Pre-authorisation is required, and services must be obtained from the DSP for PMB and PMB level of care. Haemodialysis and Peritoneal Dialysis includes the following: Material, Medication, related Radiology and Pathology. *Clinical Protocols apply.*	• **R231 500** per family per annum, In- and Out-of-Hospital • **35% upfront co-payment** for the use of a non-DSP.	• **R231 500** per family per annum, In- and Out-of-Hospital • **35% upfront co-payment** for the use of a non-DSP.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	• **Unlimited**.	• **Unlimited**.
MENTAL HEALTH Pre-authorisation is required. The use of the Medshield Specialist Network may apply. Up to a maximum of 3 days if patient is admitted by a General Practitioner.	• **R40 300** per family per annum, In- and Out-of-Hospital. • **30% upfront co-payment** for the use of a non-Network Hospital.	• **R40 300** per family per annum, In- and Out-of-Hospital. • **30% upfront co-payment** for the use of a non-Network Hospital.
• **Rehabilitation for Substance Abuse** 1 rehabilitation programme per beneficiary per annum.	• Limited to and included in the Mental Health Limit.	• Limited to and included in the Mental Health Limit.
• **Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling**	• Limited to and included in the Mental Health Limit.	• Limited to and included in the Mental Health Limit.
HIV & AIDS Pre-authorisation is required and treatment must be obtained from the DSP. **Includes the following:**	• As per Managed Healthcare Protocols.	• As per Managed Healthcare Protocols.
• Anti-retroviral and related medicines. • HIV/AIDS related Pathology and Consultations. • National HIV Counselling and Testing (HCT).	• **30% upfront co-payment** for out-of-formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP.	• **30% upfront co-payment** for out-of-formulary PMB medication voluntarily obtained or PMB medication voluntarily obtained from a provider other than the DSP.
INFERTILITY INTERVENTIONS AND INVESTIGATIONS Pre-authorisation is required and services must be obtained from the DSP. Use of the Medshield Specialist Network may apply. *Clinical Protocols apply.*	• Limited to interventions and investigations only. • ***Refer to Addendum A*** for list of procedures and blood tests.	• Limited to interventions and investigations only. • ***Refer to Addendum A*** for list of procedures and blood tests.

Maternity Benefits

Benefits will be offered during pregnancy, at birth and after birth. Pre-authorisation is required.
A Medshield complimentary baby bag can be requested during the 3rd trimester. Kindly send your request to medshieldmom@medshield.co.za.

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
ANTENATAL CONSULTATIONS The use of the Medshield Specialist Network may apply.	• **12** Antenatal consultations per pregnancy.	• **12** Antenatal consultations per pregnancy.
ANTENATAL CLASSES & POSTNATAL MIDWIFE CONSULTATIONS	• **8** Visits per event.	• **8** Visits per event.
PREGNANCY RELATED SCANS AND TESTS	• **Two** 2D/3D or 4D scans per pregnancy. • **1** Amniocentesis test or non-invasive pre-natal test (NIPT) per pregnancy.	• **Two** 2D/3D or 4D scans per pregnancy. • **1** Amniocentesis test or non-invasive pre-natal test (NIPT) per pregnancy.
CONFINEMENT Pre-authorisation is required and services must be obtained from a DSP and relevant Provider Network. The use of the Medshield Specialist Network may apply. *Clinical Protocols apply.*		

Maternity Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
• **Confinement In-Hospital**	• **Unlimited**, with the use of a Prime Network Hospital. • **30% upfront co-payment** applies for the voluntary use of a non-Network Hospital.	• **Unlimited**, with the use of a Compact Network Hospital. • **30% upfront co-payment** applies for the voluntary use of a non-Network Hospital.
• **Delivery by a General Practitioner or Medical Specialist**	• **Unlimited**.	• **Unlimited**.
• **Confinement in a registered birthing unit or Out-of-Hospital**	• **Unlimited**.	• **Unlimited**.
• **Delivery by a registered Midwife/Nurse or a Practitioner**	• Medshield Private Rates up to 200% applies to a registered Midwife only.	• Medshield Private Rates up to 200% applies to a registered Midwife only.
• **Hire of water bath and oxygen cylinder**	• **Unlimited**.	• **Unlimited**.
PAEDIATRIC CONSULTATIONS	• **2 visits** per beneficiary under the age of 2 years old. • Thereafter subject to the Day-to-Day Limit.	• **2 visits** per beneficiary under the age of 2 years old. • Thereafter subject to the Day-to-Day Limit. • **20% upfront co-payment** applies to non-referral.

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

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
• **Vitreoretinal Benefit** Pre-authorisation is required for Vitreous and Retinal disorders. *Clinical Protocols apply.*	• Subject to the Specialised Drugs Limit.	• Subject to the Specialised Drugs Limit.
BREAST RECONSTRUCTION (Following an Oncology event) Pre-authorisation is required and services must be obtained from DSP or Network Provider. The use of Medshield Specialist Network may apply. Post Mastectomy (including all stages, prosthesis and all costs for the affected side). *Clinical Protocols apply.*	• **R105 000** per family per annum.	• **R105 000** per family per annum.

Chronic Medicine Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
PHARMACY NETWORK	• Medshield Pharmacy Network. • Covers medicine for all 26 PMB CDL's and an additional list of 14 conditions.	• Clicks, Clicks Retail and Dis-Chem Pharmacies. • Covers medicine for all 26 PMB CDL's and an additional list of 14 conditions.
CHRONIC MEDICINE Registration and authorisation on the Chronic Medicine Management programme applies. The use of a Medshield Pharmacy Network Provider is applicable from Rand one. Supply of medication is limited to one month in advance.	• **R8 725** per beneficiary per annum. • Limited to **R17 450** per family per annum. • Medshield Formulary within and above limits is applicable. • **20% upfront co-payment** for the use of out-of-formulary medicine and/or for using a non-DSP.	• **R8 725** per beneficiary per annum. • Limited to **R17 450** per family per annum. • Medshield Formulary within and above limits is applicable. • **20% upfront co-payment** for the use of out-of-formulary medicine and/or for using a non-DSP.

MEDIPLUS CHRONIC DISEASE LIST

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

Dentistry Benefits

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

Dentistry Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
• **Out-of-Hospital** Medshield Dental Network and Dental Protocols apply. Plastic dentures requires pre-authorisation. Failure to obtain pre-authorisation will attract a **20% penalty**.	• **Unlimited.**	• **Unlimited.**
SPECIALISED DENTISTRY Pre-authorisation is required for all services stated below. Failure to obtain an authorisation prior to treatment will attract a **20% penalty.** Medshield Dental Network and Dental Protocols apply.	• **R16 200** per family per annum.	• **R16 200** per family per annum.
• **Impacted Teeth, Wisdom Teeth and Apicectomy** – Hospitalisation, general anaesthetics or conscious analgo sedation only for bony impactions. – Out-of-Hospital apicectomy of any permanent teeth only covered in Practitioners' rooms. Pre-authorisation is required. – Pre-authorisation is required for general anaesthetic and conscious analgo sedation, In- and Out-of-Hospital. – No authorisation required for apicectomy, removal of impacted teeth or wisdom teeth if done under local anaesthetics analgo sedation, Out-of-Hospital.	• Subject to the Specialised Dentistry Limit. • **R800 upfront co-payment** applies for wisdom teeth extraction performed in a Day Clinic. • **R3 500 upfront co-payment** applies if the procedure is done In-Hospital.	• Subject to the Specialised Dentistry Limit. • **R800 upfront co-payment** applies for wisdom teeth extraction performed in a Day Clinic. • **R3 500 upfront co-payment** applies if the procedure is done In-Hospital.
• **Dental Implants** Includes all services related to Implants. Pre-authorisation is required. Medshield Dental Network and Dental Protocols apply.	• Subject to the Specialised Dentistry Limit.	• Subject to the Specialised Dentistry Limit.
• **Orthodontic Treatment** Pre-authorisation is required. Medshield Dental Network and Dental Protocols apply.	• Subject to the Specialised Dentistry Limit.	• Subject to the Specialised Dentistry Limit.
• **Crowns, Bridges, Inlays, Mounted Study Models, Partial Metal Base Dentures and Periodontics** Consultations, Visits and Treatment for all such dentistry including the Technicians' fees. Pre-authorisation is required. Medshield Dental Network and Dental Protocols apply.	• Subject to the Specialised Dentistry Limit.	• Subject to the Specialised Dentistry Limit.
MAXILLO-FACIAL AND ORAL SURGERY Pre-authorisation is required.Non-elective surgery only. Medshield Dental Network and Dental Protocols apply.	• **R22 000** per family per annum.	• **R22 000** per family per annum.

SmartCare Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
PHARMACY/CLINIC PRIVATE NURSE PRACTITIONER CONSULTATIONS The use of the SmartCare Pharmacy Network is compulsory from Rand one.	• **Unlimited**.	• **Unlimited**.
NURSE-LED VIRTUAL GENERAL PRACTITIONER (GP) CONSULTATIONS Subject to the use of the SmartCare General Practitioner (GP) Network.	• **1 visit** per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.	• **1 visit** per family subject to the Overall Annual Limit and thereafter subject to the Day-to-Day Limit.

Day-To-Day Benefits

This benefit provides for Out-of-Hospital day-to-day medical expenses such as General Practitioner (GP) Consultations, Specialist Consultations and Acute Medication from your Day-to-Day Limit.

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

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
DAY-TO-DAY LIMIT	• M = **R12 000** • M+1 = **R16 500** • M+2 = **R18 600** • M+3 = **R20 300** • M4+ = **R22 000**	• M = **R12 000** • M+1 = **R16 500** • M+2 = **R18 600** • M+3 = **R20 300** • M4+ = **R22 000**
GENERAL PRACTITIONER (GP) CONSULTATIONS AND VISITS: OUT-OF-HOSPITAL GP consultations and visits can be accessed in-person, telephonically or virtually. Use of the relevant GP Network applies.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit. • Compulsory use of a GP in the GP Network.
VIRTUAL CARE: GENERAL PRACTITIONERS (GP) AND SPECIALIST CONSULTATIONS Virtual or telephonic consultations to a Network GP.	• **5 consultations** per family, thereafter subject to the Day-to-Day Limit.	• **5 consultations** per family, thereafter subject to the Day-to-Day Limit. • Subject to the referral authorisation by a Network GP for Specialist consultations.
ADDITIONAL GENERAL PRACTITIONERS (GP) CONSULTATIONS AND VISITS Only when your Day-to-Day Limit is exhausted. Service must be obtained from a GP on the Medshield GP Network.	• **2 visits** per beneficiary.	• **2 visits** per beneficiary.
NON-NETWORK GENERAL PRACTITIONER CONSULTATIONS When you have not consulted a Network GP.		• **2 visits** per family per annum, limited and included in the Day-to-Day Limit. • Thereafter a **40% upfront co-payment** will apply.
MEDICAL SPECIALIST CONSULTATIONS AND VISITS The use of the Medshield Specialist Network may apply.	• **2 visits** per family limited to and included in the Overall Annual Limit. • Thereafter limited to the Day-to-Day Limit.	• **2 visits** per family subject to the referral authorisation by a Network GP. • No GP referral will attract a **20% upfront co-payment**. • Limited to and included in the Overall Annual Limit. • Thereafter limited to the Day-to-Day Limit.
CASUALTY/EMERGENCY VISITS Facility fee, Consultations and Medicine. If retrospective authorisation for emergency is obtained from the relevant Managed Healthcare Programme within 72 hours, benefit will be subject to Overall Annual Limit. Only bona fide emergencies will be authorised.	• **2** Facility fee visits per family, thereafter subject to the Day-to-Day Limit. • Consultations are subject to the Day-to-Day Limit.	• **2** Facility fee visits per family, thereafter subject to the Day-to-Day Limit. • Consultations are subject to the Day-to-Day Limit.
MEDICINES AND INJECTION MATERIAL • **Acute medicine** Medshield medicine pricing and formularies and the relevant Pharmacy Network applies.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.

Day-To-Day Benefits

BENEFIT CATEGORY	PRIME Benefit Limit/Comments	COMPACT Benefit Limit/Comments
• **Pharmacy Advised Therapy** Schedules 0, 1 and 2 medicine dispensed by a Pharmacist over the counter. Medshield Formularies apply.	• **R1 000** per script. • **1 script** per beneficiary per day. • Subject to the Day-to-Day Limit.	• **R1 000** per script. • **1 script** per beneficiary per day. • Subject to the Day-to-Day Limit.
OPTICAL LIMIT (24 Month Optical Service Date Cycle) Optometry Programme and Protocols and Optical Network applies.	• **R5 700** per beneficiary per 24 month Optical Service Date Cycle.	• **R5 700** per beneficiary per 24 month Optical Service Date Cycle.
• **Optometric refraction** (eye test)	• **1 test** per beneficiary per annum.	• **1 test** per beneficiary per annum.
• **Spectacle Lenses or Contact Lenses** Single Vision Lenses, Bifocal Lenses, Multifocal Lenses, Contact Lenses.	• **1 pair** of Optical Lenses or Contact Lenses per beneficiary, every 24 months. • Subject to the Optical Limit.	• **1 pair** of Optical Lenses or Contact Lenses per beneficiary, every 24 months. • Subject to the Optical Limit.
• **Frames**	• **R2 900** per beneficiary included in the Optical Limit.	• **R2 900** per beneficiary included in the Optical Limit.
• **Readers** If supplied by a registered Optometrist, Ophthalmologist, Supplementary Optical Practitioner or a Registered Pharmacy.	• **R220** per beneficiary per annum.	• **R220** per beneficiary per annum.
PATHOLOGY AND MEDICAL TECHNOLOGY Subject to the relevant Protocols.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.
PHYSIOTHERAPY, BIOKINETICS AND CHIROPRACTICS	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.
GENERAL RADIOLOGY Subject to the relevant Radiology Protocols.	• Subject to the Day-to-Day Limit. • **1 Bone Densitometry scan** per beneficiary per annum, In- or Out-of-Hospital.	• Subject to the Day-to-Day Limit. • **1 Bone Densitometry scan** per beneficiary per annum, In- or Out-of-Hospital.
SPECIALISED RADIOLOGY Pre-authorisation is required. Includes CT scans, MUGA scans, Radio Isotope studies, CT Colonography, Interventional Radiology.	• **R17 500** per family per annum, In- and Out-of-Hospital.	• **R17 500** per family per annum, In- and Out-of-Hospital.
NON-SURGICAL PROCEDURES AND TESTS As part of an authorised event. The use of the Medshield Specialist Network may apply.	• Subject to the Day-to-Day Limit.	• Subject to the Day-to-Day Limit.
• **Non-surgical Procedures and Tests in Practitioners' rooms** ***Refer to Addendum B*** for the list of services.	• **Unlimited**.	• **Unlimited**.
• **Routine Diagnostic Endoscopic Procedures in Practitioners' rooms** ***Refer to Addendum B*** for the list of services.	• **Unlimited**, if procedure is done in the practitioner's rooms. • **R1 500** upfront co-payment if procedure done In-Hospital. • No co-payment applicable In-Hospital for children 8 years and younger.	• **Unlimited**, if procedure is done in the practitioner's rooms. • **R1 500** upfront co-payment if procedure done In-Hospital. • No co-payment applicable In-Hospital for children 8 years and younger.
MENTAL HEALTH Includes Consultations and Visits, Procedures, Assessments, Therapy, Treatment and/or Counselling. The use of the Medshield Specialist Network may apply.	• **Limited** and included in the Mental Health Limit of **R40 300** per family per annum, In-and Out-of-Hospital.	• **Limited** and included in the Mental Health Limit of **R40 300** per family per annum, In-and Out-of-Hospital.

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

Wellness Benefits

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

BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
ADULT VACCINATION	• **R550** per family per annum. • Thereafter payable from the Day-to-Day Limit.
COVID-19 VACCINATION Limited to Scheme Vaccination Formulary. Excludes consultation costs.	• Subject to the Overall Annual Limit. • Protocols apply.
BONE DENSITY (for Osteoporosis and bone fragmentation)	• **1 per beneficiary** 50+ years old. • Every 3 years.
DIABETIC AI RETINAL SCREENING Pre-authorisation applies and is subject to enrolment on the Diabetic Disease Management Programme. *Clinical Protocols apply.*	• **R250** per beneficiary per annum. • For beneficiaries 40+ years old diagnosed with Type 1 or Type 2 Diabetes.
FLU VACCINATION	• **1 per beneficiary** 18+ years old.
HEALTH RISK ASSESSMENT Pharmacy or General Practitioner. Includes the following tests: Cholesterol, Blood Glucose, Blood Pressure, Body Mass Index (BMI).	• **1 per beneficiary** 18+ years old per annum.
NATIONAL HIV COUNSELLING TESTING (HCT)	• PMB and PMB level of care.
PNEUMOCOCCAL VACCINATION	• **1 vaccination** per annum for high risk individuals and for beneficiaries 60+ years old.
TB TEST	• **1 test** per beneficiary, per annum. • Thereafter subject to the Day-to-Day Limit.
WOMEN'S HEALTH	
BIRTH CONTROL (Contraceptive Medication) Only applicable if no intrauterine devices and alternatives are used.	• Restricted to **1 month's** supply to a maximum of **13 prescriptions per annum** per female beneficiary between the ages of 14 - 55 years old. • **R235** per script.
HPV VACCINATION (Human Papillomavirus) Cervarix or Gardasil	• **1 course of 2 injections** per female beneficiary 9+ years old.
MAMMOGRAM (Breast Screening)	• **1 per female** beneficiary 30+ years old, per annum.
PAP SMEAR (excludes consultation fee)	• **1 per female** beneficiary, per annum.

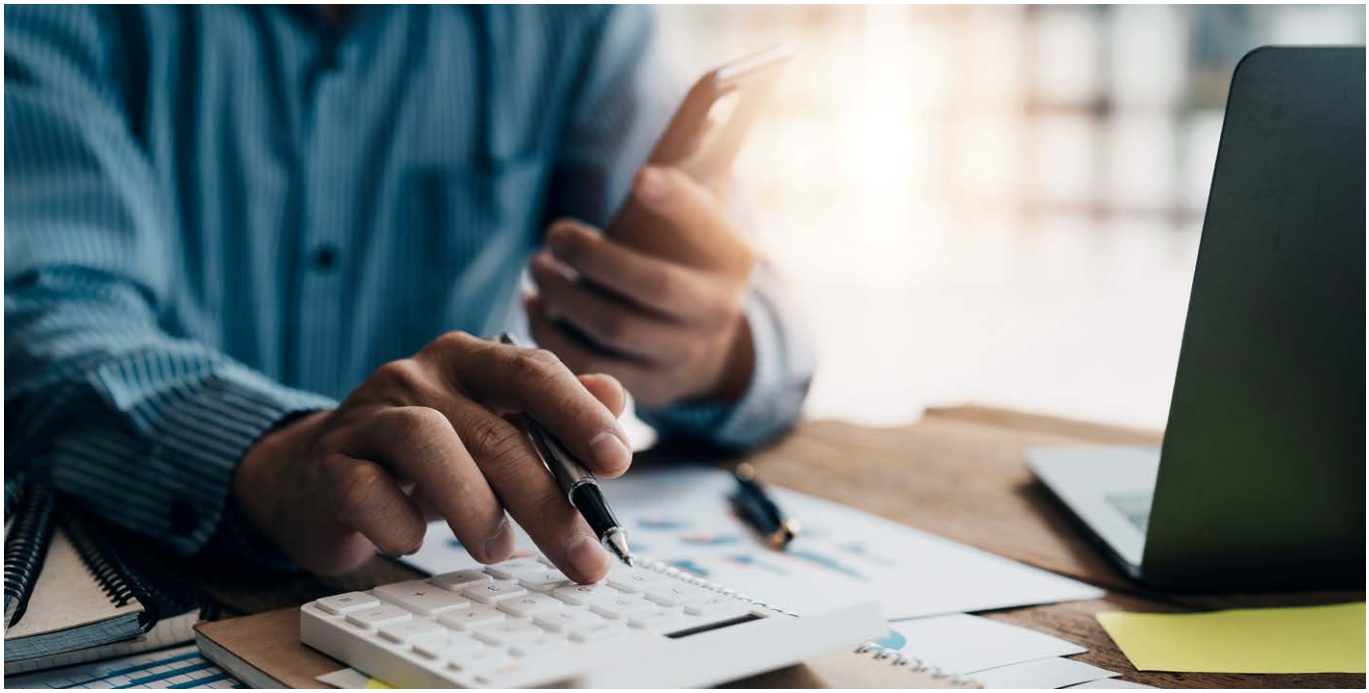
BENEFIT CATEGORY	BENEFIT LIMITS AND COMMENTS
MEN'S HEALTH	
PSA SCREENING (Prostate specific antigen)	• 1 **test** per male beneficiary 40+ years old, per annum. • Thereafter subject to the Day-to-Day Limit.
CHILDREN'S HEALTH	
CHILDHOOD VACCINATIONS Vaccination programme as per the Department of Health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

***NOTES:**

- Hepatitis B (0) Vaccine (birth dose) - Given ONLY to infants whose mothers tested POSITIVE for HBsAg during pregnancy.
- Rotavirus Vaccine - DO NOT administer after 24 weeks.
- Measles and Rubella Vaccine at 6 months to LESS than 9 months. DO NOT administer with any other vaccine.
- Measles and Rubella Vaccine at 9 months and above. Can be administered with any other vaccine.
- Human Papilloma Virus Vaccine. All eligible girls in all settings.

Ambulance Services: 24 Hour Hotline: 086 100 6337

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



The Application of Co-payments

The following services will attract upfront co-payments:

Specialist Network - No referral obtained (Compact only)	**20% upfront co-payment**
Paediatric consultation - No refferal obtained (Compact only)	**20% upfront co-payment**
Voluntarily obtained out of formulary medication	**20% upfront co-payment**
Voluntary use of a non-DSP or a non-Medshield Pharmacy Network	**20% upfront co-payment**
Voluntary use of a non-DSP for PET Scans	**25% upfront co-payment**
Voluntary use of a non-Medshield Network Hospital (Prime or Compact as applicable)	**30% upfront co-payment**
Voluntary use of a non-Medshield Network Hospital - Mental Health	**30% upfront co-payment**
Voluntary use of a non-Medshield Network Hospital Organ, Tissue and Haemopoietic stem cell (Bone marrow) transplant	**30% upfront co-payment**
Voluntary use of a non-DSP for HIV & AIDS related medication	**30% upfront co-payment**
Voluntary use of a non-DSP provider - Chronic Renal Dialysis	**35% upfront co-payment**
Voluntary use of a non-ICON provider - Oncology	**40% upfront co-payment**

In-Hospital and Day Clinic Procedural upfront co-payments for non-PMB	
Wisdom Teeth extraction in a Day Clinic	**R800 upfront co-payment**
Endoscopic procedures (refer to Addendum B*)	**R1 500 upfront co-payment**
Functional Nasal surgery	**R1 500 upfront co-payment**
Hernia Repair (except in infants)	**R3 000 upfront co-payment**
Laparoscopic procedures	**R3 500 upfront co-payment**
Arthroscopic procedures	**R3 500 upfront co-payment**
Impacted Teeth, Wisdom Teeth and Apicectomy	**R3 500 upfront co-payment**
Nissen Fundoplication	**R5 000 upfront co-payment**
Hysterectomy	**R5 000 upfront co-payment**
Back and Neck surgery	**R5 000 upfront co-payment**
Spinal Surgey if DBC Programme not completed	**R20 000 upfront co-payment**

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

How to Access Hospital and Network Providers for my benefit option

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

Medshield website (www.medshield.co.za):

1. **OPEN** the Medshield website home page.
2. Click the '**MENU**' dropdown and select '**MEDSHIELD NETWORKS**' on the Member tab.
3. Navigate to and **CLICK** on your Benefit Option e.g. MediValue.
4. You will **FIND A LIST** of Provider Networks and Designated Service Providers (DSPs) for your plan. Simply **CHOOSE** the relevant plan and the Networks will be listed. These networks include Specialist networks, GP networks, pharmacy networks, chronic medicine DSP networks, dental and optical networks, SmartCare pharmacy networks, and oncology networks specific to each plan.
5. Each plan's list of Networks and DSPs has a **SMART SEARCH GEO LOCATOR** designed and built-in to make life easy. The Smart Search Geolocator feature lets you quickly find what you're looking for by typing in relevant provider name or practice number, or you can search by province and city keywords such as location, provider name, or practice number. This feature saves you time and eliminates the need for long, tedious searches. **To access the search screen, click on your preferred network and the search options will appear.**
6. Using the search options provided, **GEO LOCATOR INSTANTLY DISPLAYS A MAP** with the location results of the Provider you searched for.
7. The GEO Locator displays a **COMPREHENSIVE LIST OF PROVIDERS** within the province and city you searched for.
8. This Smart Search GEO Locator feature also allows you to **EXPORT AND DOWNLOAD A COMPREHENSIVE MICROSOFT EXCEL LIST** of all the General Practitioners (GPs) on the Medshield Network under your specific plan. With this list at your disposal, you can confidently search for network providers even if technological failures prevent your access to the Medshield website. **SMART SEARCH CATERS TO EACH USER'S NEEDS**, providing quick and efficient access to crucial information, such as finding a network provider.

Medshield App

1. **OPEN** the Medshield App and click on the '**MEMBER TOOLS TAB**' at the bottom of the screen
2. Click on the '**LOCATE NETWORK PROVIDER**' button
3. You will be rerouted to the Medshield website (**FOLLOW THE STEPS FROM 4 ABOVE**)

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

How to Obtain a Hospital Pre-authorisation

Hospital pre-authorisation is an essential process that ensures cover for your hospital stay, treatment, or surgery. Getting approval in advance prevents unexpected out-of-pocket expenses and ensures your hospital admission is smooth and hassle-free.

Here is an easy guide to help you obtain hospital pre-authorisation with Medshield.

1.

Confirm the Hospital is in the Medshield Network

Before starting the pre-authorisation process, **check if the hospital you plan to use** is part of the Medshield Hospital Network for your benefit option or plan. You can easily verify this by visiting the Medshield website (**https://medshield.co.za/medshield-networks-2-0/**).

2.

Gather the Necessary Information

To obtain pre-authorisation, **make sure you have the following details** on hand:

- Membership number
- Patient's name and date of birth
- Contact details
- Reason for admission - ICD-10 and tariff codes (ask your doctor for these)
- Date and time of the procedure
- Name and contact information of the admitting doctor
- Name and contact information of the hospital
- Estimated length of stay

3.

Contact Medshield Hospital Benefit Management

Once you have all the necessary information, **you can request pre-authorisation** by:

- Calling Medshield Hospital Benefit Management at **086 000 2121** or **+27 11 671 2011**, *OR*
- Sending an email to **preauth@medshield.co.za** with the required information.

4.

Understand the Terms and Conditions

Upon receiving pre-authorisation, **ensure you understand the terms**, including which services and procedures are covered. In cases where your hospital stay is extended or additional services (e.g. physiotherapy/dietician) and procedures (e.g. prosthetics or MRI/CT scans) are required, these may require separate pre-authorisation. Failure to do so may result in out-of-pocket expenses.

5.

Pre-authorising Emergency Admissions

In case of an emergency, **you can get retrospective pre-authorisation within 48 hours** of hospital admission. If you do not follow this process, you may not be covered for the claims related to the emergency admission. A request for late hospital authorisation may be submitted however it will attract co-payments payable by you to the hospital.

6.

Follow Up and Adjust if needed

If your hospital admission is postponed or you are readmitted for the same condition, you must contact Medshield to **update the authorisation**. If the admission or procedure is cancelled, notify Medshield to cancel the pre-authorisation.

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

How to Apply for your Chronic Medicine and register on the Chronic Medicine Programme (CDL List)

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

FOLLOW THESE EASY STEPS:

1.

CALL OR EMAIL

Your doctor or Pharmacist can call Mediscor on **086 000 2120** (Choose the relevant option) or email **medshieldauths@mediscor.co.za**.

You will need the following information:

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

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

2.

REGISTRATION

Your registration will be evaluated in line with the Scheme Rules and Protocols by in-house qualified and registered pharmacists and pharmacy assistants. Your application will be processed according to the formularies appropriate for the condition and Benefit Option. Different types of formularies apply to the conditions covered under the various Benefit Options.

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

3.

AUTHORISATION

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

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

4.

CHRONIC MEDICINE

Take your script to the Chronic Medicine Designated Service Provider (DSP) network pharmacy for your benefit option/plan and collect your medicine, or have it delivered.

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

How to Register the DTP PMB Chronic Care Programme

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

1.

Consult with Your Doctor

Schedule a consultation with your doctor or General Practitioner (GP) to confirm your diagnosis.

2.

Complete the Application Form

Once the diagnosis is confirmed, your doctor must complete the DTP PMB application form available on the Medshield website at **https://medshield.co.za/members/scheme-forms-for-members/**.

3.

Submit the Form

Your doctor must submit the completed form to Mediscor at **medshieldapmb@mediscor.co.za**.

4.

Review and Feedback

Mediscor will review the application and provide initial feedback to you, your provider, or your broker.

5.

Check for Validity and Classification

Mediscor will verify the application to determine whether your request qualifies for DTP PMB or CDL chronic treatment. If it's for chronic treatment, instructions will be provided to send the form to **medshieldauths@mediscor.co.za**.

6.

Processing the Request

If the application is classified as a DTP PMB request, **Mediscor will use clinical guidelines to review and finalise the request**.

7.

Outcome Notification

You and your doctor will receive the outcome of your request. Mediscor will issue a confirmation PMB letter and a treatment care plan if approved. If denied, detailed feedback explaining the decision will be provided.

8.

Annual Renewal

Ensure your DTP PMB treatment care plan is registered annually to continue receiving the necessary treatments.

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

How to Apply to Register on the Oncology Programme

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

Below is a step-by-step guide on applying and registering for Oncology benefits to receive the necessary care and treatment.

1.

Contact the Medshield Oncology Disease Management Team

When you receive a cancer diagnosis and are prepared to start treatment, contact **Medshield's Oncology Disease Management** team at **086 000 2121**. They will provide a list of ICON Oncology Group practices in your area. Once you have identified the most convenient practice, ask your doctor to refer you to an ICON Oncologist for treatment.

2.

Initial Consultation with an ICON Oncologist

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

3.

Treatment Plan Authorisation

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

4.

Renewal of Treatment Plan

If your Oncologist is not part of the ICON DSP network, you must consult with an ICON Oncologist when renewing your treatment plan. To check if your Oncologist is part of the network, contact Medshield or visit https://medshield.co.za/medshield-networks-2-0/.

5.

Co-payments for Non-ICON Oncologists

If you continue treatment with a non-ICON Oncologist after renewing your plan, a co-payment will be applied, meaning Medshield will only cover a certain percentage of your claim. You will be responsible for the remaining balance.

6.

Follow Scheme Protocols

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

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

How to Check and Submit Your Optical Claims

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

FOLLOW THESE EASY STEPS:

1.

Confirm Your Optical Benefits

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

- Call: **011 340 9200**
- Email: **medshield@isoleso.co.za**

2.

Details that should be visable on a claim

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

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

3.

Submit your claim

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

- Email: **medshieldclaims@isoleso.co.za**

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

How to Obtain Pre-authorisation for Dental Services

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

FOLLOW THESE EASY STEPS:

1.

Confirm availability of benefits/funds

Before proceeding, ensure that your benefits/funds or savings for basic and/or specialised dentistry or maxillo-facial surgery are available. You can confirm this by contacting **086 000 2120**.

2.

Gather all required information

Make sure you have the following details ready when requesting pre-authorisation:

- Service provider (Dentist/ Orthodontist/Maxillo-facial) practice number
- Procedure/Dental codes
- Tooth number/s
- ICD-10 Code/s
- Treatment date
- X-ray results
- Letter of motivation for Orthodontic treatment or crowns/bridges and implants

3.

Send an email for authorisation

Once you have the necessary details, send your authorisation request to the appropriate email address based on the type of dental service you require:

- For periodontic treatment: perio@denis.co.za
- For in-Hospital authorisation: hospitalenq@denis.co.za
- For specialised dentistry: customercare@denis.co.za
- For orthodontic treatment: ortho@denis.co.za

Important Reminder: Cover for treatment under your option when the claim is processed, is subject to the Medshield's Scheme Rules, managed care protocols, exclusions, co-payments, financial limits, and/or available savings. All claims will be processed at the scheme tariff, provided your membership is in good standing with contributions paid up to date.

How to Access MedshieldMOM Additional Services

Motherhood is a journey filled with love, care, and responsibility, even before your child's birth. Medshield understands this special bond and is committed to walking alongside mothers through each pregnancy, childbirth, and post-partum phase. The MedshieldMOM website offers extensive resources and services to support mothers during this journey.

STEPS TO ACCESS MEDSHIELD MOM SERVICES:

1.

Visit the Medshield MOM Website

Start by visiting the Medshield MOM website at **www.medshieldmom.co.za**. This user-friendly platform is a hub of essential health, nutrition, fitness, and motherhood content, covering both pre- and post-partum stages.

2.

Register Your Pregnancy Journey

Once on the website, you can register your pregnancy journey by entering the specific week of your pregnancy. This registration allows you to receive tailored content based on the stage of your pregnancy, including professional advice, regular updates on your baby's development, and important reminders for doctor appointments and hospital pre-authorisation.

3.

Book Your Medshield MOM Bag

During your **third trimester**, you can request the exclusive MedshieldMOM bag packed with Bennetts products for your baby. To book your bag, email **medshieldmom@medshield.co.za** with your membership number, contact details, and delivery address.

4.

Pre-Authorise for Hospital Admission

Before the birth of your baby, ensure that you obtain hospital pre-authorisation. Contact **Medshield's Managed Healthcare Programme** at **086 000 2121** or email **preauth@medshield.co.za** with the timeline from your doctor to complete the pre-authorisation process.

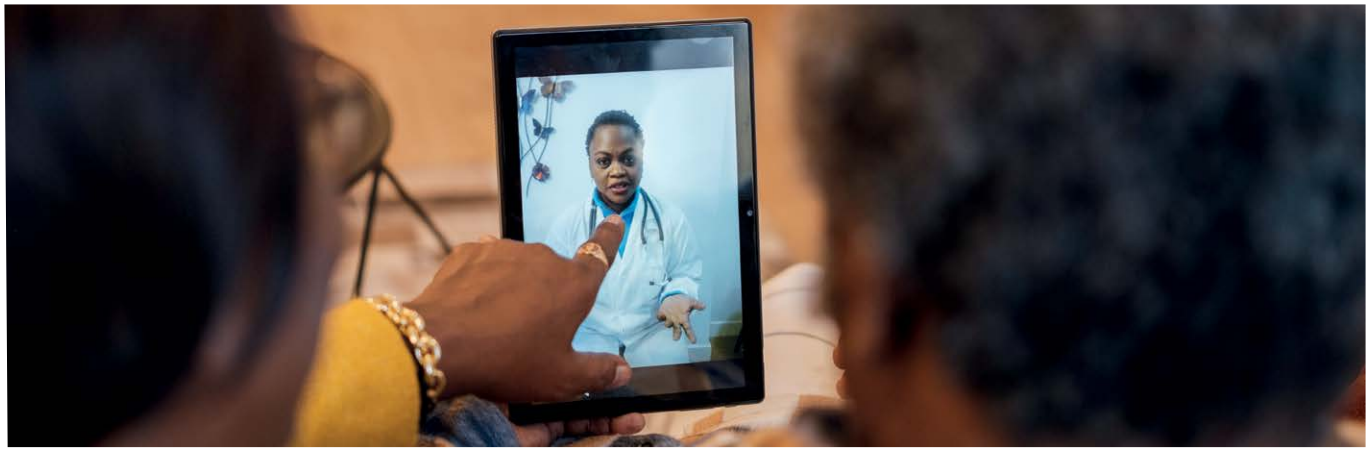
5.

Register Your Baby as a Dependant

After your baby is born, register them as a newborn beneficiary within 60 days to ensure they are covered under your Medshield membership. If there are any delays in receiving the birth certificate, contact **Medshield's Contact Centre** at **086 000 2120** for assistance.

MEDSHIELD mom

MedshieldMOM is here to support mothers at every stage, providing convenient access to vital services and benefits. These simple steps can ensure a smoother, less stressful journey through pregnancy and beyond while enjoying the many benefits of being a Medshield member.



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

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

Here's a simple step-by-step guide on how to access your SmartCare Benefits:

1. VISIT A SMARTCARE-SUPPORTED PHARMACY
Locate and visit a pharmacy that supports SmartCare services. Your SmartCare Provider Network is on the Medshield Website, **www.medshield.co.za**, under **Menu** > **Member** > **Medshield Networks**. **SELECT YOUR PLAN** and then choose SmartCare Pharmacy Network.
Upon arrival, inform the staff that you would like to use the SmartCare service for a virtual consultation.

2. NURSE CONFIRMS MEDSHIELD BENEFITS
A **registered nurse will confirm your Medshield membership** and check your benefits to ensure eligibility for the consultation.

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

4. VIRTUAL DOCTOR CONSULTATION (if needed)
If a doctor's consultation is required, the nurse will initiate a video call with the doctor.
The nurse assists by sharing your medical history and results with the doctor, who will conduct the consultation remotely. **The doctor will generate a prescription and send it directly to the pharmacy**.

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

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

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

How to Register on the Medshield Website and Mobile App Member Login Zones

The member login portal on both the Medshield website and mobile App is designed to provide you with seamless access to your healthcare information. Whether using the website or App, registration is simple and essential for managing your health benefits.

Website Registration Process:

If you've already registered on the App, the same credentials can be used on both, making your healthcare journey even more convenient.

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

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

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

4. **Agree to Terms and Conditions**
   Review the Medshield website's terms and conditions, then click "**AGREE**" to proceed.

5. **Complete Registration:**
   Once all details are submitted, click "**REGISTER**."
   You can ***now access the member login zone*** using your newly created credentials.

Medshield App Registration Process:

If you've already registered on the website, the same credentials can be used on both, making your healthcare journey even more convenient.

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

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

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

4. **Agree to Terms and Conditions**
   Review and accept the App's terms and conditions, then click "**REGISTER**."

5. **Log In to Your Account:**
   Once registration is successful, ***return to the login screen*** and use your new credentials to access the App.

Registering on the website and mobile app member login zones gives you full access to easily manage your health benefits.

How to Blow the Whistle on Fraud, Waste and Abuse

Did you know that healthcare fraud can contribute directly and indirectly to the rise of medical costs, including your membership contribution? You have the power to help us prevent fraud for the greater good of all our members. You are encouraged to use any of the dedicated Whistle Blowers hotline reporting channels to report any suspected medical aid fraud.

HOW CAN YOU HELP?

- Check your claim statements carefully and ensure you received the services your service provider is claiming.
- Make sure your membership card and number are protected.
- Don't accept cash from a service provider in exchange for a medical aid claim.
- Report suspicious behaviour.

Eight Ways to Submit a Report to the Whistle Blowers Ethics Hotline

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

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

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

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

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

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

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

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

REMEMBER, reports can be submitted **ANONYMOUSLY** or in **CONFIDENCE**.

Medshield Contact details and Service Channels

SERVICE	CONTACT DETAILS
Virtual Meeting Requests	Send a request to **letsmeet@medshield.co.za** with your preferred date and time for an appointment. Our team will contact you to confirm the appointment.
Medshield App	**Download** the Medshield Member App from the iOS (Apple) and Android stores.
WhatsApp Channel	Enjoy fast and convenient access to our team and membership specific information on WhatsApp. Save **+27 60 042 7274** and message "**Hi**" to start engaging with us. Available from **08:00 to 20:00 (Monday to Friday)** and **08:00 to 13:00 (Saturday)**.
Website Login Zone	Members can register on the Medshield Website Login Zone via **www.medshield.co.za**. Click 'log in' on the home page and follow the prompts.
The Medshield SMS Benefit Check	SMS the word **BENEFIT** to **43131**.
Medshield Contact Centre	Our agents are available to assist with any queries or questions on **086 000 2120**.

Complaints Escalation Process	
In the spirit of promoting the highest level of professional and ethical conduct, Medshield Medical Scheme is committed to a complaint management approach that treats our members fairly and effectively in line with our escalation process.	Complaints can be directed via email to **complaints@medshield.co.za** An escalated appeal or dispute can be directed to **POqueries@medshield.co.za** These complaints will be dealt with in line with our complaints/disputes escalation procedures in order to ensure fair and timeous resolution.

Medshield Partners' Contact Details

SERVICE	PARTNER	CONTACT DETAILS
Ambulance and Emergency Services	Netcare 911	**Contact number:** 086 100 6337 (+27 10 209 8011) for members outside of the borders of South Africa
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Facsimile:** 0866 151 509 **Authorisations:** medshieldauths@mediscor.co.za
Dental Authorisations	Denis	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa - Crowns/Bridges and Dental Implant Authorisations **email:** crowns@denis.co.za - Periodontic Applications **email:** perio@denis.co.za - Orthodontic Applications **email:** ortho@denis.co.za - Plastic Dentures **email:** customercare@denis.co.za In-Hospital Dental Authorisations **email:** hospitalenq@denis.co.za
Diabetes Care Programme	Medshield	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** Diabetesdiseasemanagement@medshield.co.za
Disease Management Care Plans	Mediscor	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 10 597 4706 **email:** pmbapplications@medshield.co.za
HIV and AIDS Management	HaloCare	**Contact number:** 086 014 3258 (Mon - Fri: 07h30 to 16h00) **Facsimile:** 086 570 2523 **email:** medshield@halocare.co.za
HIV Medication Designated Service Provider (DSP)	Pharmacy Direct	**Contact number:** 086 002 7800 (Mon to Fri: 07h30 to 17h00) **Facsimile:** 086 611 4000/1/2/3 **email:** care@pharmacydirect.co.za
Hospital Authorisations	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** preauth@medshield.co.za
Hospital Claims	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa Working Hours: Mon - Fri: 08h00 - 17h00 **email:** hospitalclaims@medshield.co.za
Oncology Disease Management Programme (for Cancer treatment)	ICON and Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside of the borders of South Africa **email:** oncology@medshield.co.za Medshield has partnered with the Independent Clinical Oncology Network (ICON) for the delivery of Oncology services. Go to the ICON website: www.cancernet.co.za for a list of ICON oncologists
Optical Services	Iso Leso Optics	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside of the borders of South Africa **Facsimile:** +27 11 782 5601 **email:** member@isoleso.co.za

DSP and Managed Care Partners' Contact Details

SERVICE	PARTNER	CONTACT DETAILS
DISEASE MANAGEMENT		
Mental Health	Mediscor	**Email:** medshieldapmb@mediscor.co.za
HIV	Mediscor	**Contact number:** 086 014 3258 (Mon to Fri: 07h30 to 17h00) **Email:** medshield@halocare.co.za
Chronic Medicine Authorisations and Medicine Management	Mediscor	**Contact number:** 086 000 2120 (Choose relevant option) or contact +27 10 597 4701 for members outside the borders of South Africa **Authorisations:** medshieldauths@mediscor.co.za
Diabetes	Medshield	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the borders of South Africa **Email:** diabetesdiseasemanagement@medshield.co.za
Hypertension	Medshield	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the borders of South Africa **Email:** diabetesdiseasemanagement@medshield.co.za
Hyperlipideamia	Medshield	**Contact number:** 086 000 2120 (+27 10 597 4701) for members outside the borders of South Africa **Email:** diabetesdiseasemanagement@medshield.co.za
Renal	Medshield	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside the borders of South Africa **Email:** preauth@medshield.co.za
Prosthesis and Devices: Internal	Major Joints for Life (MJ4L)	**Contact number:** +27 11 219 9111 **Email:** majorjointsforlife@lifehealthcare.co..za
Prosthesis and Devices: Internal	Improved Clinical Pathway Services (ICPS)	**Contact number:** +27 11 327 2599 **Email:** admin@icpservices.co.za
HAH (Hospital at Home)	Medscheme	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside the borders of South Africa **Email:** preauth@medshield.co.za
Wound Care	Medshield	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside the borders of South Africa **Email:** preauth@medshield.co.za
Private Nursing	Medshield	**Contact number:** 086 000 2121 (+27 11 671 2011) for members outside the borders of South Africa **Email:** preauth@medshield.co.za
Renal	NRC Patel and Partners	NRC: **Contact number:** +27 11 726 5206 Patel and Partners: **Contact number:** +27 11 219 9720
	Patel and Partners (East Rand Dialysis Inc)	**Contact number:** +27 11 677 8704

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

Exclusions

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

General Exclusions

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

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

Exclusions and Indemnity in Regard to Third Party Claims

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

Exclusions in Regard to Non-Registered Service Providers

The Scheme shall not pay the costs for services rendered by:

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

Items not mentioned in Annexure B

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

SmartCare Clinics - Private Nurse Practitioner has the following exclusions:

- No children under the age of 2 other than for a prescription for a routine immunisation;
- No consultations related to mental health;
- No treatment of emergency conditions involving heavy bleeding and/or trauma;
- No treatment of conditions involving sexual assault;
- SmartCare services cannot provide Schedule 5 and higher medication.

Pathology and Medical Technology

- Allergy and Vitamin D testing in hospital;
- Exclusions as per the Schemes Pathology Management Programme;
- Gene Sequencing.

Pharmaceutical Electronic Standards Authority

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

Specific Exclusions

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

Alternative Healthcare Practitioners

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

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

Ambulance Services

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

Appliances, External Accessories and Orthotics

- Appliances, devices and procedures not scientifically proven or appropriate;
- Back rests and chair seats;
- Bandages and dressings (except medicated dressings and dressings used for a procedure or treatment);
- Beds, mattresses, linen savers, pillows and overlays;
- Cardiac assist devices – e.g. Berlin Heart (unless PMB);
- CPAP machines, unless specifically authorised, as per managed care protocols;
- Diagnostic kits, agents and appliances unless otherwise stated (except for diabetic accessories) (unless PMB);
- Electic Wheelchairs (Unless approved for specific conditions where PMB and PMB level of care) and scooters;
- Electric toothbrushes;
- Exercise machines;
- Humidifiers;
- Insulin pumps unless specifically authorised;
- Ionizers and air purifiers;

- Orthopaedic shoes, inserts/levellers and boots, unless specifically authorised and unless PMB level of care;
- Oxygen hire or purchase, unless authorised and unless PMB level of care;
- Pain relieving machines, e.g. TENS and APS;
- Stethoscopes;
- Wearable monitoring devices.

Blood, Blood Equivalents and Blood Products

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

Dentistry

Exclusions as determined by the Schemes Dental Management Programme:

Additional Scheme Exclusions

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

Crown and Bridge

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

Fillings/Restorations

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

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

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

Hospitalisation (general anaesthetic);

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

Implants

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

Maxillo-Facial Surgery and Oral Pathology

- Auto-transplantation of teeth;
- Closure of an oral-antral opening (item code 8909) when claimed during the same visit with impacted teeth (item codes 8941, 8643 and 8945);
- Orthognathic (jaw correction) surgery and any related hospital cost, and the associated laboratory costs (Unless PMB).
- Sinus lift procedures;

Orthodontics

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

Partial Metal Frame Dentures

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

Periodontics

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

Plastic Dentures/Snoring Appliances/Mouthguards

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

Preventative Care

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

Root Canal Therapy and Extractions

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

Hospitalisation

- Application for a pre-authorisation reference number (PAR) for a clinical procedure, treatment or specialised radiology is not made or is refused, no benefits are payable (refer to sections 4.1 and 4.7 of Annexure D);
- Accommodation and services provided in a geriatric hospital, old age home, frail care facility or similar institution are not payable (unless specifically provided for in Annexure B);
- Frail care services (Shall only be considered for pre-authorisation subject to Managed Care Protocols and sticked criteria if certified by a medical practitioner that such care is medically essential and such services are provided through a registered frail care centre/ facility or nurse);
- Hospice services shall only be paid for if provided by an accredited member of the Hospice Association of Southern Africa and if pre-authorised by a Managed Health Care Provider;
- Nursing services or frail care provided other than in a hospital shall only be covered if pre-authorised by a Managed Health Care Provider.

Infertility

- Medical and surgical treatment, which is not included in the Prescribed Minimum Benefits in the Regulations to the Medical Schemes Act 131 of 1998, Annexure A, Paragraph 9, Code 902M, including:
  - Air Inflation of fallopian tubes for patency
  - Assisted Reproductive Technology (ART)
  - Cystoscopy, testicular biopsy and vasograms for male infertility
  - Donor Sperm
  - Gamete Intrafallopian tube transfer (GIFT)
  - Intra Uterine Insemination (IUI)
  - Intracytoplasmic sperm injection (ICSI)
  - In-vitro fertilization (IVF)
  - Ovarian drilling
  - Re-anastomosis of fallopian tubes
  - Zygote Intrafallopian tube transfer (ZIFT)
- Salpingostomy (reversal of tubal ligation);
- Vasovasostomy (reversal of vasectomy).

Maternity

Medicine and Injection Material

- Anabolic steroids and immunostimulants (unless PMB level of care, DSP applies);
- Biological Drugs, except for PMB level of care and when provided specifically in Annexure B. (DSP applies);
- Clinical trials for benefits and treatment unless pre-authorised by the relevant Managed Healthcare Programme;
- Cosmetic preparations, emollients, moisturizers, medicated or otherwise, soaps, scrubs and other cleansers, sunscreen and suntanning preparations, medicated shampoos and conditioners, except for the treatment of lice, scabies and other microbial infections and coal tar products for the treatment of psoriasis;
- Diagnostic agents, unless authorised and PMB level of care;
- Erectile dysfunction and loss of libido medical treatment (unless caused by PMB associated conditions subject to Regulation 8);
- Erythropoietin, unless PMB level of care;
- Food,nutritional supplements and Medical Nutrition Therapy (MNT),including baby food and special milk preparations and prescribed for malabsorptive disorders and/or for mother to child transmission (MTCT) prophylaxis unless PMB level of care and if registered on the relevant Managed Healthcare Programme;
- Gardasil 9
- Growth hormones, unless pre-authorised (unless PMB level of care, DSP applies);
- Imatinib mesylate (Gleevec) (unless PMB level of care, DSP applies);
- Immunoglobulins (excluding: Rabigam, Tetagam, Rhesugam, Hebagam, Vazigam, Rhesonativ) and immune stimulants, oral and parenteral, unless pre-authorised (unless PMB level of care, DSP applies);
- Injection and infusion material, unless PMB and except for outpatient parenteral treatment (OPAT) and diabetes;
- Intestinal flora medicines;
- Medicines and chemotherapeutic agents not approved by the SAHPRA (South African Health Products Regulatory Authority) unless Section 21 approval is obtained and pre-authorised by the relevant Managed Healthcare Programme;
- Medicines defined as exclusions by the relevant Managed Healthcare Programme;
- Medicines not authorised by the relevant Managed Healthcare Programme;
- Medicines not included in a prescription from a medical practitioner or other Healthcare Professional who is legally entitled to prescribe such medicines (except for schedule 0, 1 and 2 medicines supplied by a registered pharmacist);
- Medicines used specifically to treat alcohol and drug addiction. Pre-authorisation required (unless PMB level of care, DSP applies);
- Medicines, unless they form part of the public sector protocols and specifically provided for in Annexure B and are authorised by the relevant Managed Healthcare Programme, Managed Care Protocols and strict criteria apply:
  - Liposomal amphotericin B for fungal infections (unless PMB, DSP applies);
  - Maintenance Rituximab or other monoclonal antibodies in the first line setting for haematological malignancies unless used for Diffuse large B-cell lymphoma in which event DSP applies (unless PMB, DSP applies);
  - Protein C inhibitors, for septic shock and septicaemia (unless PMB, DSP applies);
  - Specialised drugs that have not convincingly demonstrated a survival advantage of more than 3 months in metastatic malignancies in all organs for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer (unless PMB, DSP applies). Avastin for the treatment of Macular Degeneration is not excluded, however DSP applies;
  - Trastuzumab for the treatment of HER2-positive early breast cancer that exceeds the dose and duration of the 9-week regimen as used in ICON protocol (unless PMB, DSP applies);
  - Trastuzumab for the treatment of metastatic breast cancer (unless PMB or included in the ICON protocol applicable to the member's option, DSP applies);
- Nappies and waterproof underwear;
- Oral contraception for skin conditions, parentaral and foams;
- Patent medicines, household remedies and proprietary preparations and preparations not otherwise classified;
- Slimming preparations for obesity;
- Smoking cessation and anti-smoking preparations unless pre-authorised by the relevant Managed Healthcare Programme;
- Tonics, evening primrose oil, fish liver oils, multi-vitamin preparations and/or trace elements and/or mineral combinations except for registered products that include haemotinics and products for use for:
  - Infants and pregnant mothers;
  - Malabsorption disorders;
  - HIV positive patients registered on the relevant Managed Healthcare Programme.

Mental Health

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

Non-Surgical Procedures and Tests

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

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

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

Physical Therapy (Physiotherapy, Chiropractic's and Biokinetics)
- Biokinetics and Chiropractic's in hospital;
- Physiotherapy for mental health admissions (Unless PMB and PMB level of care);
- X-rays performed by Chiropractors.

Prosthesis and Devices Internal and External
- Cochlear implants (Processors speech, Microphone headset, audio input selector), auditory brain implants (lost auditory nerves due to disease) unless specifically provided for in Annexure B; "3.7.15.2. Customised aortic stents, (DSP applies);"
- Custom-made hip arthroplasty for inflammatory and degenerative joint disease unless authorised by the relevant Managed Healthcare Programme.
- Cardiac drug eluting stents unless authorised by the relevant Managed Healthcare Programme subject to Managed Care Protocols, unless Prescribed Minimum Benefits level of care (DSP applies);
- IUD's inserted in hospital (intrauterine device such as Mirena etc), if protocols/criteria has been met. The Scheme will pay up to Scheme Tariff for the device and its insertion when performed in hospital with another pre-authorised procedure. ;
- Osseo-integrated implants for dental purposes to replace missing teeth, unless specifically provided for in Annexure B or PMB specific DSP applies;
- Peripheral vascular drug eluting stents unless authorised by the relevant Managed Healthcare Programme subject to Managed Care Protocols, unless Prescribed Minimum Benefits level of care (DSP applies)
- TAVI procedure - transcatheter aortic-valve implantation unless authorised by the relevant Managed Healthcare Programme subject to Managed Care Protocols. The procedure and prosthesis will only be funded up to the global fee the equivalent of PMB level of care. (open Aortic valve replacement surgery);

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

Surgical Procedures
- Abdominoplasties and the repair of divarication of the abdominal muscles
- Arthroscopy for osteoarthritis ;
- Balloon sinuplasty;
- Gynaecomastia (Unilateral/Bilateral); "3.7.17.6. Blepharoplasties and Ptosis unless authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols (unless causing demonstrated functional visual impairment and pre-authorised);"
- Breast augmentation;
- Breast reconstruction of the affected side only, unless mastectomy following cancer and pre-authorised within Scheme protocols/ guidelines (unless PMB level of care, DSP applies);
- Breast reductions, Benign Breast Disease;
- Circumcision in hospital except for a newborn or child under 12 years, subject to Managed Care Protocols;
- Cosmetic surgery unless specifically authorised by the relevant Managed Healthcare Programme and subject to Managed Care
- Erectile dysfunction surgical procedures;
- Gender reassignment medical or surgical treatment;
- Genioplasties as an isolated procedure (unless PMB level of care, DSP applies);
- Kyphoplasties (unless authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols) and Vertebroplasties (PMB and PMB level of care);
- Laparoscopic unilateral inguinal hernia repair (unless specifically authorised by the managed care organisation);
- Obesity (unless PMB, andunless authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols).;
- Otoplasty, pre-authorisation will only be considered for otoplasty performed on beneficiaries who are under the age of 13 years upon submission of a medical motivation and approval by the Scheme. No benefit is available for otoplasty for any beneficiary who is 13 years or older;
- Pectus excavatum / carinatum;
- Portwine stain management, subject to application and approval, laser treatment will be covered for portwine stains on the face of a beneficiary who is 2 years or younger;
- Prophylactic Mastectomy (unless PMB level of care, DSP applies);
- Refractive surgery, unless specifically provided for in Annexure B, subject to Managed Care Protocols;
- Revision of scars
- Rhinoplasties for cosmetic purposes (unless PMB level of care, DSP applies);
- Robotic surgery, other than for radical prostatectomy (Robotic-Assisted Laparoscopic Prostatectomy (RALP)) where specifically mentioned in the Annexure B and unless authorised by the relevant Managed Healthcare Programme and subject to Managed Care Protocols (global fee covers all costs: the facility, use of the robot and all providers, only at accredited facilities)
- Prosthesis for spinal procedures paid up to the value of PMB level of care , where applicable;
- Uvulo palatal pharyngoplasty (UPPP and LAUP) (unless PMB);
- Varicose veins, surgical and medical management (unless PMB)

MEDSHIELD
medical scheme
Partner for Life

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

Disclaimer

This brochure acts as a summary and does not supersede the Registered Rules of the Scheme. All benefits in accordance with the Registered Rules of the Scheme. Terms and conditions of membership apply as per Scheme Rules. Pending CMS approval. August 2026.
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